QUINSIGAMOND COMMUNITY COLLEGE

RESPIRATORY CARE PROGRAM

STUDENT HANDBOOK

Edition: Fall 2026 - Spring 2027
Reviewed & Revised: June 2026

WELCOME

Welcome to the Respiratory Care Program at Quinsigamond Community College! We are very proud of our Program and the fact that we have been training Respiratory Care Practitioners for almost fifty years. The faculty hopes that this academic journey will be a rich and rewarding one and that you will soon join the ranks of the over four hundred QCC graduates who are working as Respiratory Care Practitioners throughout the United States and Canada.

Quinsigamond Community College is accredited by the New England Association of Schools and Colleges, Inc., (NEASC) through its Commission on Institutions of Higher Education. The Respiratory Care Program is also fully accredited by the Commission on Accreditation for Respiratory Care (CoARC).

Quinsigamond Community College is an Equal Opportunity/Affirmative Action Institution and does not discriminate on the basis of race, color, national origin, gender, age, veteran status, sexual orientation, disability, socioeconomic or marital status in its educational programs, or in admission to, access to, treatment in, or employment in its programs or activities. This is required by Title VI, Civil Rights Act of 1964: Title IX, Education Amendments of 1972, Section 504, Rehabilitation Act of 1973 and regulations promulgated thereunder, 34 C.F.R. Part 100 (Title VI) Part 106 (Title IX) and Part 104 (Section 504); and the 1991 Americans with Disabilities Act. All inquiries concerning application of the above should be directed to, Shannon Overcash, Associate Director of Compliance/Title IX Coordinator, 508-854-7408 (sovercash@qcc.mass.edu).

The Respiratory Care Program believes that instruction related to medical care and diversity prepares students to evaluate their own values and avoid stereotyping. It assists students in becoming aware of different health beliefs, values and expectation of patients and other healthcare professionals, which can affect communication, decision making, compliance and health outcomes.

In addition to the Respiratory Care Student Handbook, students should also refer to the Quinsigamond Community College Catalog 2026-2027 and the QCC Student Handbook (https://www.qcc.edu/student-handbook) for the current academic year.

This Student Handbook has been developed to provide students with information relative to the Respiratory Care Program and its policies. It will serve as a valuable resource as you proceed through the curriculum. The policies and guidelines included in this Handbook are applicable to all Respiratory Care courses.

The policies and procedures contained in this document are specific and detailed so that students are fully informed as to the expectations for their actions and progress. It is of paramount importance that students understand their responsibilities to their patient, profession, and education.

Students will receive additional information on policies and procedures at their respective clinical sites. The agreements held between the college and each clinical education setting (CES) allows for the removal of any student from the clinical education setting for just cause as deemed by the CES administration.

Students are expected to be fully informed as to the contents of this document and to consult it as needed. Additionally, each student must sign and submit to the Program Director, the Statement of Compliance provided during orientation (and included at the end of the Forms Section) before the start of clinical assignments. Any questions or further clarification of this

document may be addressed with the program faculty:
Daniel Marsala
Program Director
dmarsala@qcc.mass.edu
(508) 854-2752

Amy Hogan, MET, RRT
Director of Clinical Education
ahogan@qcc.mass.edu
(508) 751-7987

The length of time and the credit hours required for program completion are congruent with the attainment of identified student learning and program outcomes. It is consistent with the policies of the governing organization, state and national standards, and best practices. Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional and program mission, and professional standards. It also ensures that program learning outcomes have been achieved.

All Respiratory Care classroom and laboratory experiences are held at the 25 Federal Street location (Downtown address). General Education classes are held online and at both the Downtown campus and main campus (670 West Boylston Street).

Students who are enrolled in the program through our agreement with Mount Wachusett Community College may take their General Education classes either online or at the Mount Wachusett Community College campus (444 Green St, Gardner, MA).

Student Services such as Disability and Accuplacer Testing, Math, English, Biology, Tutoring, and Library Services, are located on the Downtown campus. Other college services such as Advising, Financial Aide, Counseling, Transfer Services, Veteran's Affairs, Accessibility Services, Registrar's Office, and Student Life are located at the 670 West Boylston Street address.

QUINSIGAMOND COMMUNITY COLLEGE
RESPIRATORY CARE PROGRAM

The Respiratory Care Program at Quinsigamond Community College prepares students for careers as specialized health practitioners. The program also prepares students for further study at four-year colleges and universities and provides a broad background for employment in business and industry. To assure that courses selected will be applicable to a degree program at a four-year college or university, students should make their academic advisors aware of their intent to transfer to satisfy the requirements of the receiving institution.

The program is fully accredited by the Commission on Accreditation for Respiratory Care, (CoARC) 264 Precision Blvd. Telford, TN 37690 phone:(817) 283-2835 (www.coarc.com)

Respiratory Therapists are involved with the diagnosis, treatment, and education of patients who have pulmonary or cardiovascular disorders. As graduates of this program, students can become members of the health care team in hospitals, pulmonary diagnostic clinics, outpatient centers, and in homecare and other non-clinical settings, such as industry and education. Students will use current techniques and equipment to treat patients who range in age from the newly born to the senior citizen.

The Respiratory Care Program offers supervised classroom, laboratory, and clinical experiences. Students will obtain practical knowledge through supervised clinical experiences at area hospitals throughout the five semesters of the program. If a student has prior coursework from a CoARC accredited Respiratory Care program, or already possesses the CRT credential, they may be awarded advanced standing in the QCC Program (pending evaluation of transcripts, etc.).

In addition to receiving a grade of "C" or better in all Respiratory Care and core science courses, and passing grades in all other courses, students must demonstrate satisfactory progress in clinical, laboratory, and hospital experiences to be eligible to continue in the program.

Respiratory Care students should anticipate additional expenses for the cost of clinical uniforms, stethoscopes, professional liability insurance, AARC membership, hospital parking, and other materials.

QCC MISSION STATEMENT

Quinsigamond Community College is the gateway to advanced educational and employment opportunities in Central Massachusetts. We are a public, student-centered institution of higher learning, providing accessible, affordable, and high quality educational and training programs and services that are relevant and responsible to diverse regional and student needs.

QCC MISSION PRINCIPLES

In fulfillment of the mission, the college community commits to the following principles:

- Students First
- Teaching and Learning
- Comprehensive, Flexible Programming and Services
- Open Access to Learning
- Potential for Success
- Community Outreach and Support

QCC VISION

QCC is a premier learning community. It is recognized for teaching and learning excellence, relevant and responsive programming, student success, and community outreach and impact. We thrive as a vital regional asset and are the first choice for transforming lives and sustaining healthy, prosperous communities. All are welcomed and embraced in our community, where students come first, and faculty and staff strive to develop potential and help make dreams come true. **At QCC, we excite…we ignite…we open new vistas of opportunity**.

QCC VALUES

Faculty and staff infuse life in our vision and live mission principles by creating and sustaining a college climate and culture where all are warmly welcomed, accepted, and valued for their individual dignity and worth. We recognize the importance of diversity and acknowledge the rich and unique contributions that each community member makes to advance the College. To this end, the following values guide our individual actions and community interactions.

- Excellence and Quality
- Integrity and Accountability
- Inclusiveness
- Cooperation and Collaboration
- Respect and Trust
- Open, Civil Communications and Collegiality
- Creativity and Innovation
-

RESPIRATORY CARE PROGRAM MISSION STATEMENT

In collaboration with the Mission Statement of Quinsigamond Community College, the Respiratory Care Program will seek to educate individuals, who upon completion of the Program, will demonstrate advanced-level clinical skills and academic knowledge essential to the practice of Respiratory Care. Graduates will meet the professional responsibilities of caring for patients from a global society, through the integration of personal and professional values, theoretical knowledge, and clinical Respiratory Care skills.

PROGRAM GOAL

To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs).

PROGRAM STANDARDS

Upon completion of the program students will be able to:

- Obtain the RRT credential.
- Obtain gainful employment as a Licensed Respiratory Care Practitioner (RCP).

STUDENT LEARNING OUTCOMES

SLOs are used as a measurement of student achievement of desirable skills and behaviors essential for practice. Upon completion of the Program graduates will be able to:

- Demonstrate professional behaviors consistent with the respiratory care code of ethics, ethical obligations, and professional conduct.

- Demonstrate critical thinking and problem-solving skills, time management skills, interpersonal communication skills, and technical skills necessary to provide competent patient-centered respiratory care in multidisciplinary care settings for patients of all ages.

- Demonstrate the knowledge and application of physical principles of gas and fluid dynamics.

- Demonstrate knowledge and application of anatomy and physiology of the cardiac and pulmonary systems and the mechanisms of homeostatic control for acid/base balance ventilation, gas transport, and circulation for patients of all ages.

- Demonstrate implementation, monitoring, troubleshooting, evaluation, and strategies for discontinuing select therapeutic modalities employed in respiratory therapy such as gas, humidity, bland and medicated aerosol therapies, passive hyperinflation, chest physiotherapy, postural drainage, airway clearance and management techniques, non-invasive and invasive ventilation strategies for patients of all ages.

- Demonstrate knowledge and application of concepts and techniques of patient assessment through inspection, palpation, percussion, and auscultation. The student will demonstrate proficiency in the patient interview and physical examination, arterial blood gas sampling and analysis, basic pulmonary and sleep diagnostics, electrocardiography, imaging, and laboratory diagnostic testing for patients of all ages.

- Demonstrate knowledge and application of the indications, contraindications, hazards, and routes of administration and correct dosages for all classes of respiratory drugs for patients of all ages.

- Demonstrate knowledge and application of the etiology, clinical manifestations, diagnostic and therapeutic of diseases and conditions of the cardiopulmonary patients of all ages.

Demonstrate basic competencies the sub-acute care setting.

Identify the roles and responsibilities of respiratory therapists in alternate care sites (i.e., pulmonary and sleep diagnostics, rehabilitation, and homecare settings).

ACADEMIC POLICIES AND PROCEDURES

ADMISSIONS PROCESS

For general College Policies and Procedures, students should refer to the Quinsigamond Community College Student Handbook.

To be eligible for consideration for admission into the Respiratory Care Program, applicants must meet the minimum admissions requirements. Applicants must have a high school diploma or GED. Prior to admission to the Respiratory Care Program, prospective students must take the Test of Essential Academic Skills (TEAS) and earn a minimum Composite Score of 65 percent within two attempts of taking the test. Admissions inquiries should be directed to QCC Admissions

Additionally, applicants must take QCC's Math and English assessment tests if no college level courses were previously completed. These tests will demonstrate competency at the appropriate level.

Applicants must earn a minimum grade of B in MAT 095 or place into MAT 100 or above; earn a minimum grade of B in high school biology or a C in BIO 101 (recommended) or other college biology class.; and earn a minimum grade of B in ENG 091 with a grade of C or higher; and ENG 096 with a C or higher or appropriate placement score (ENG 101). All math and science courses must be taken within five years of application and required grades must be earned within two attempts of taking and completing the course.

Students must show evidence of being compliant with health requirements as defined by the Respiratory Care Program and the Massachusetts Department of Public Health.

All pre-requisite science courses must have been taken within the last five years. In addition, students must have a 3.0 GPA to be considered for admission into the Respiratory Care Program.

Students will be accepted into the Respiratory Care Program on a space available basis as they complete the above requirements. The QCC Advising Center can facilitate the entry of students to health care programs. Students applying to the Respiratory Care Program can contact the Advising Center at: 508-854-4308.

PROGRAM TECHNICAL PERFORMANCE STANDARDS

Students should be aware that to successfully complete this program, they are required to perform certain physical functions in coursework, and/or the clinical experience. These standards are not conditions for admission to the program.
https://www.qcc.edu/catalog/technical-performance-standards

Respiratory Care Essential Job Function and Technical Standards

The Respiratory Care Program strives to create an inclusive environment that represents the diverse population of healthcare professionals and community we serve. We value the uniqueness and potential of every learner and strive to create a culture of respect and equality. After reviewing the technical standards, any learner who believes they may need an accommodation to fully participate and engage in the respiratory care program should contact Student Accessibility Services.

Student Accessibility Services works to promote access to ensure an accessible college experience for students with disabilities. Request for accommodations can be made at any time.
If you have further questions, please contact Student Accessibility Services.
Contact Information for Student Accessibility Services:
Call: 508-854-4471
Email: sas@qcc.mass.edu *with a Coordinator at the Student Accessibility Services office, Room 246A.*

Working Conditions

Respiratory Therapists provide urgent and non-urgent care to patients of all ages and in all healthcare settings including acute care hospitals, sub-acute, chronic care, pulmonary function testing labs, and the home-care setting. Hospital and sub-acute care settings are generally associated with a moderate noise level. A respiratory therapist works directly with medical providers in hospitals and long-term care facilities to assist in the diagnosis of diseases, managing both stable and critically ill patients, and responding to all emergency situations as part of the rapid response and code teams. Responsibilities include positioning of the patient; handling of complex equipment; determining appropriate invasive and non-invasive ventilator settings, and administering inhaled medications. In addition to these technical skills, the respiratory therapist's duties require them to attend to the physical and emotional needs of patients who are often acutely ill or seriously injured. Successful completion of the Respiratory Care Program requires the graduate to have demonstrated the knowledge, skills and behaviors necessary to safely and competently deliver patient care as a Respiratory Therapist and provide patient-specific education.

Accordingly, Respiratory Care Program applicants and matriculating students must meet the following technical standards:

A.) Motor

The applicant/student will perform patient care procedures and handle respiratory care equipment, including possessing capability to grasp, assemble, and manipulate equipment such as oxygen delivery devices, handheld nebulizers, invasive and non-invasive ventilators, stretchers, wheelchairs, other equipment and/or patients. This includes turning and lifting patients of varying weight, including transferring patients from transportation device to X-ray/CT scan/MRI tables, assisting with prone positioning of critically ill patients, moving heavy, bulky equipment, and maneuvering in tight places. Respiratory Therapists must have the capacity to manually move equipment such as ventilators, perform specialty blood draws known as arterial blood gases under sterile conditions, assist in intubation procedures, perform cardiopulmonary resuscitation, don and doff personal protective equipment, and to move around large facilities of great distances during a normal workday.

B.) Communication

The applicant/student must be able to detect and respond to verbal communication and acoustic signal on medical devices and equipment from a distance of 20 feet, understand, converse in, read and write the English language in order to accurately, effectively and sensitively communicate with patients and family members as well as colleagues, instructors, and all members of the health care team. They must also be able to effectively perceive non-verbal communication.

C.) Intellectual-Conceptual, Integrative and Qualitative Abilities

The applicant/student is expected to comprehend, integrate, and apply didactic concepts to the clinical setting. This involves physiologic measurements, mathematical computation, information gathering, interpretation and analysis of data, critical thinking, decision-making and problem

solving. The applicant/student will be expected to Identify cause-effect relationships in clinical situations The applicant/student will be evaluating things like vital signs and arterial blood gas results to assist in the diagnosis of acute and chronic conditions as well as to make appropriate changes to life support equipment. The applicant/student will be expected to accurately observe patients from a distance of up to 20 feet, and at close proximity, correctly read digital, analogue or graphic gauges, scales, monitors, and written instructions, identify equipment and devices, and recognize biohazard fluids. The applicant/student is expected to select appropriate respiratory care equipment like oxygen delivery devices and mechanical ventilators based on the patient's clinical presentation. The applicant/student will be expected to adapt procedures and sequences of activities to accommodate the changing status of a patient's condition.

D.) Behavioral and Social Attributes

The applicant/student must possess the reasoning necessary to exercise judgment, complete patient care responsibilities, and maintain effective relationships with others in classroom, laboratory and clinical settings. Applicants/students must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, display flexibility and function in the uncertainties inherent to the health care setting. Compassion, integrity, concern for others, interpersonal skills, dedication and motivation are all-important personal qualities.

CURRICULUM

(For student enrolling for Fall 2022)

Semester I (Summer) If applicable	**Credits**
BIO 111 – Anatomy & Physiology I	4
ENG 101 – Composition I	3
PSY 101 – Introduction to Psychology	3
	10

FIRST YEAR

Semester II (Fall)	
BIO 112 – Anatomy & Physiology II	4
RCP 125 – Essentials for Respiratory Care	3
RCP 126 – Respiratory Care Modalities I	5
RCP 127 – Cardiopulmonary Physiology	3
	15
Semester III (Spring)	
RCP 135 – Essentials for Respiratory Care II	3
RCP 136 – Respiratory Care Modalities II	8
RCP 137 – Pharmacology	2
	13

SECOND YEAR

Semester IV (Summer)	
RCP 246 – Critical Care I	2
BIO 232 – Medical Microbiology	4
ENG 102 – Composition II	3
	9
Semester V (Fall)	
RCP 255 – Advanced Patient Assessment	3
RCP 256 – Critical Care II	8
RCP 257 – Cardiopulmonary Diagnostics	3
	14
Semester VI (Spring)	
IDS 215 – Bioethics	3
RCP 265 – Pulmonary Disease	3
RCP 266 – Neonatal Pediatric Respiratory Care	8
RCP 267 – Respiratory Care Seminar	2
	16

Total Credits Required for Degree	**77**
Minimum G.P.A. Required for Graduation	**2.0**

STUDENT POLICIES

INTRODUCTION:

Policies of QCC Health Programs are comprehensive, provide for the welfare of faculty, staff, and students, and are consistent with those of the governing organization. However, differences in policies may occur as justified by the goals and outcomes of the Respiratory Care Program.

Students enrolled in the Quinsigamond Community College Respiratory Care Program, as well as all program faculty, will be responsible for observing college rules and regulations as stated in the current college catalog, QCC Student Handbook and Respiratory Care Student Handbook. Additionally, students will receive instruction in the specific policies and regulations of their assigned clinical education setting (CES). The regulations stated in this handbook represent a contractual agreement between Quinsigamond Community College and the Respiratory Care student. Failure to comply with policies of the CES or the program will affect student evaluations. Non-compliance may be grounds for dismissal from the CES and failure of clinical courses if the student shows no improvement or makes no attempt to correct errors after counseling/disciplinary actions.

TERMINOLOGY:

For purposes of clarification, frequently used terms within this text, are defined as follows:

Advisory Board
Comprised of program, clinical, medical, community, commercial and student representatives to provide guidance towards the integrity and quality of the program according to current and future trends within the profession and the local community.

Program Director/Program Coordinator
Full-time faculty hired by the college to work in cooperation with program and clinical instructors to administer the program and provide a comprehensive curriculum**.**

Director of Clinical Education/Clinical Coordinator
Full-time faculty hired by the college to supervise clinical instructors to enhance and support the clinical education experience.

Clinical Instructor (adjunct)
Registered Respiratory Therapist hired by the college to facilitate the daily activities of students during clinical assignments by providing supervision, instruction, and assessment of student progress.

Clinical Preceptor
Respiratory Therapist that is employed by the clinical site to facilitate the daily activities of the students during their clinical assignments by providing supervision, instruction, and assessment of student progress.

Clinical Education Setting (CES)
Affiliate medical center meeting specific criteria and agreeing to permit Respiratory Care students to assist and perform Respiratory Care procedures with appropriate supervision.

Specialty Clinical Rotation
Specialty rotations are short assignments (1-6 weeks) to an alternate CES to provide students with supplemental clinical experiences not available in their primary CES. This may include but not limited to: Neonatal Intensive Care, home care, rehabilitation rotations, Pulmonary Function, and sleep laboratories.

Faculty Board
Comprised of the Program Faculty and Clinical Instructors; responsible for establishing, reviewing, and implementing program policy and procedures.

AARC
American Association for Respiratory Care is the foremost professional association promoting respiratory therapists. The AARC advances professional excellence and

science in the practice of respiratory therapy, serving the profession, patients, caregivers, and the public.

CoARC

Commission on Accreditation for Respiratory Care whose mission is to ensure that high quality educational programs prepare competent respiratory therapists to practice education, research, and service. They are the accrediting body for all respiratory care programs for both entry level and degree advancement within the United States.

NBRC

National Board for Respiratory Care whose mission of promoting excellence in respiratory care by awarding credentials based on high competency standards, The National Board for Respiratory Care shares your goal of protecting and enhancing patient lives. NBRC credentials provide recognition for hard work and dedication to quality.

RC Student Club

All students currently enrolled in the Respiratory Care Program are automatically members of the QCC Respiratory Care Student Club. Its objectives are to promote group cohesiveness and personal and professional growth including local, state, and national Respiratory Care professional organizations; promote the respiratory care profession and the Respiratory Care Program, and sponsor various fund-raising events that will support students' educational efforts

ATTENDANCE POLICY

1. In keeping with the educational philosophy at Quinsigamond Community College, class attendance is expected of all students. It is the responsibility of each student to keep informed of all assignments and examinations and to meet all the requirements of the course. Each faculty member shall set the attendance requirements for their class and clearly inform students of this policy. Students should be aware that they may fail a course because of poor attendance, or that clinical privileges may be suspended.

2. Additionally, program commitments are expected to take precedence over any other engagement, including employment.

3. Students are expected to conduct themselves in a professional, respectful, and orderly manner in all classes and laboratories.

4. Based on patient and student safety needs, students are not allowed to work the night shift (11pm-7am) prior to a scheduled clinical rotation or scheduled class or lab session.

5. See: Clinical Attendance Policies for additional information relative to attendance at clinical courses.

CLASSROOM POLICIES

Individual policies pertaining to the classroom may be set by a faculty member for any course which s/he instructs; however, the following policies apply to ALL core Respiratory Care courses:

1. Any student who wishes to bring a guest (adult or child) to class MUST request instructor approval In ADVANCE of the class meeting during which the guest will be present. (See QCC Student Handbook). Children are NOT allowed in the lab and no guest will be permitted in the class IF there is an examination that day.

2. The use of pagers, phones or other electronic devices during testing will not be permitted. These devices will be collected prior to testing and returned after the tests have been turned in.

3. For online quizzes and exams, a virtual calculator will be available. Student may NOT use programing calculators or calculators on cell phones. If an exam is held in class, students may use simple non-programable calculators at the discretion of the instructor. Electronic/paper dictionaries will not be allowed during an exam

4. The use of recording devices during class or lab is ONLY permitted with instructor approval. Recording devices may NEVER be used in the clinical setting.

5. Communication devices (i.e., cell phones/pagers) must be set on vibrate mode or turned off during all scheduled classroom and lab experiences. All other electronic/battery powered devices must be turned off. The use of cell phones, including texting during lectures is prohibited. Students violating this mandate will be subject to disciplinary procedures and/or immediate dismissal from the program.

6. Cell phones may not be used to tape classes or lab. Broadcasting of Respiratory Care classes via electronic equipment is prohibited as is the re-broadcasting of respiratory classes or lab on any social media platform. Students violating this mandate will be subject to disciplinary procedures and/or immediate dismissal from the program.

7. Disruptive Behavior: Refer to the Quinsigamond Community College Student Handbook.

ACADEMIC DISHONESTY

Academic dishonesty is a direct violation of the fundamental principles of ethical behavior. The Respiratory Care Program adheres to college policies on Academic Dishonesty. Included is the use of unauthorized copying or possession of examinations, assignments, reports, or research papers, the presentation of unacknowledged material in whole or in part as if it were the student's own work represents cheating, stealing or lying.

Plagiarism, presenting the work, ideas, writings, or concepts of another as one's own, is unacceptable in the Respiratory Care Program. Academic honesty is expected of all students; therefore, "cheating, plagiarism, or knowingly furnishing false information" are not condoned and are subject to academic penalty, which will include failure for the course in which the violation took place and dismissal from the program. Academic dishonesty may also include further college disciplinary action as deemed necessary by the Quinsigamond Community College Code of Conduct https://www.qcc.edu/student-handbook/student-code-conduct. It will also result in the denial of a readmission request to the Respiratory Care Program.

In clinical practice areas, Respiratory Care students are expected to act in ways which always safeguard the client and public. All patient records are legal documents. Any falsification of such documents will be viewed as dishonesty and a major violation of both departmental and programmatic professional conduct policies. Falsification of patient records will result in dismissal from the program.

Excerpt from Quinsigamond Community College Handbook

"Students suspected of dishonesty as described in the preceding statements will be granted a hearing with the Program Director and/or Director of Clinical Education and involved faculty. The following maybe recommended: dismissal from the program or repetition of the course."

EXAMINATION GUIDELINES

The length of time for each exam will be appropriate to the number of questions as determined by the instructor. The faculty suggests each student bring several #2 pencils and an eraser to

each exam. All books, purses, tote bags, coffee cups, etc. should be placed on the floor and remain there during an exam. Students are required to comply with the assigned seating plan during the testing. Only one student will be allowed out of the room at a time during an examination. Cell phones must be left with the instructor who is proctoring the exam.

Online exams and or quizzes may also be administered. Online examinations will be done using the QCC Learning Management System (Blackboard). Online examinations will use a lock down browser. A virtual calculator will be made available. In some cases, faculty may deploy an online monitor which follows a student movement and their environment to minimize any cheating. Faculty may use other methods during online examinations to minimize the chance of cheating.

Students who wish to review an exam privately may do so by contacting the individual faculty. The review must be completed within two (2) weeks of the date of the exam. A student who believes that an answer for an exam question is incorrect may protest in writing. This protest must be received with seven (7) days of the exam review. Such a protest must be accomplished using references which will document the student's position.

MAKE-UP EXAMINATIONS

Students are responsible for all class content, tests, and examinations. It is the responsibility of the student to contact the content instructor regarding absence from a scheduled exam. Make-up arrangements are to be scheduled with 48 hours of the exam. Failure of the student to contact the instructor or to take the exam on an arranged day will result in a grade of "0." Exceptions must be approved and will be at the discretion of the instructor.

Students who are absent or miss a second exam within the semester will receive no credit (0%). The faculty realizes that extenuating circumstances may cause a student to miss more than one exam in a course. The student may petition the faculty in writing, documenting the reasons for the absences. The decision of the faculty in these circumstances is final. Faculty reserves the right to change the exam format for any make-up examinations.

STUDENT RECORDS POLICY

It is the policy of Quinsigamond Community College to retain all records of students and graduates in perpetuity. Student records including grades and credits for courses are recorded on the Student Transcript and permanently maintained by the college in a safe and accessible location.

In addition to records maintained by college offices, Respiratory Care student files are also maintained by the Respiratory Care Department for five (5) years. These files contain information related to clinical and classroom performance and evaluation, advisement, attendance, counseling, disciplinary actions as well as documents indicating receipt of Respiratory Care policies. Additional documents to be kept in secured areas include but not limited to tests, course materials, final exams, and assignments. These records document program resources and achievement of program goals and outcomes. The student may review his/her file on an appointment basis. The review will occur behind closed doors in the presence of the Program Director or Director of Clinical Education and the student. The content of the student's file may be released only upon receipt of written consent by the student. (Privacy Act, Buckley Amendment). For additional details, refer to the QCC Student Handbook, Records Directory section. Respiratory Care student files that are more than five years old, will be shredded and discarded.

HARRASSMENT POLICY

No form of harassment from or towards any fellow student, faculty, clinical staff, patients, or any other individual associated with the Respiratory Care program is acceptable and will not be

tolerated. The accepted definition of harassment is published in the Quinsigamond Community College Student Handbook. Allegations of harassment within the clinical setting will be brought to the attention of the Director of Clinical Education and forwarded to the Program Director for action within the policies of both the clinical education setting and the college.
Refer to the Quinsigamond Community College Student Handbook.

CLINICAL LEAVE

Short or long-term absence from clinical may occur without penalty for the following circumstances.

1. **Call to Active Military Duty**
   Any student who qualifies for military leave shall be granted such in accordance with Federal and State laws governing such leaves. The student's program of study may be extended to meet the attendance requirements.
   Refer to the Quinsigamond Community College Student Handbook.

2. **Bereavement**
   In the event of the death of an immediate family member, the student will be allowed to miss three (3) consecutive class/clinical days without penalty. Immediate family includes mother, father, sister, brother, spouse, child, grandparent, and members of the spouse's immediate family, only.

3. **Jury Duty/Court Appearances**
   Students called upon to fulfill jury duty will be excused from their clinical assignments for the duration of their civic duty. Students will provide the clinical instructor with official documentation of having completed such duty for the time absent from clinical. The student's program of study may be extended to meet the attendance requirements.

   Students who must appear in court for other issues not related to Jury Duty, must arrange to make up the clinical time that is missed. The student will be allowed to use his/her personal day for this clinical absence. If the student has already used the personal day, the student must pay an instructor and make up the clinical day(s). (See Clinical Makeup Criteria: Page 18).

4. **Extended Leave of Absence**
   Personal and/or family medical issues will be decided on a case-by-case basis. Requests for such consideration must be made directly to the Program Director.

5. **Religious Accommodations**
   Students who request religious accommodations must notify the faculty of any scheduling conflicts prior to the first two weeks of the start of classes. The faculty will make every effort to provide reasonable accommodations of a student's sincerely held religious belief.

CHEMICAL DEPENDENCY/DRUG ABUSE STATEMENT

1. **Alcohol, Drugs, Gambling, and Smoking**
   The use of alcoholic beverages, drugs, and the practice of gambling in any form are prohibited on the college campus and at clinical affiliates. Any member of the college community found to be under the influence or in possession of alcoholic beverages or drugs or involved in any form of gambling at the College or at clinical affiliate will be subject to disciplinary action including probation, counseling, and/or dismissal from the program.

2. **Smoking**
   QCC and its clinical affiliates are smoke-free environments. The use of cigarettes (including e-cigarettes/vaping), cigars, chewing tobacco, etc. is strictly prohibited. Students are expected to adhere to the smoking policies of each clinical facility. Failure to respect the affiliate mandate on smoking may result in clinical suspension and/or dismissal from the program.

   Since Respiratory Care students matriculate through an applied science program dealing with cardiopulmonary diseases, many of which are either directly or indirectly affected by smoking, it is highly recommended that students in the program refrain from smoking. Smoking cessation resources are available for student who wish to stop smoking.

3. **Drug-Free School and Communities Act**
   QCC maintains compliance with P.L. 101-226, the Drug-Free School and Communities Act, which prohibits the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees.

   Any student coming to the clinical site with the odor of alcohol or marijuana on their person, or who exhibits behavior that suggests impairment by drugs and/or alcohol will be immediately removed from the clinical site and referred to the Student Assistance Program. The student will then be issued a warning and cannot return to the clinical site without documentation of follow through with the Student Assistance Program (refer to the QCC Student Handbook for further information about the Student Assistance Program). All testing costs are the responsibility of the student. A student who tests positive for drugs and/or alcohol must participate in a recognized chemical dependency program to continue in the program. Any such student will be evaluated on an individual basis for continuance in and/or readmission to the program.

   Students enrolled in the Respiratory Care Program will be required to undergo and pass a drug screening analysis to be eligible for clinical placement, or to remain at a clinical affiliate. Any student who either fails to pass, or refuses to submit to a drug screening analysis, will be deemed ineligible for clinical placement and be deemed unable to successfully complete the requirements of the program.

HEALTH POLICY

1. **Safeguards**
   The health, privacy, and safety of patients, students and faculty associated with the educational activities and learning environment of the students is adequately safeguarded by QCC Health Policies. Specific policies regarding infections, environmental hazards and financial liability are found in the affiliate clinical agency contracts.

2. **Health Forms**
   Before the beginning of each clinical year, students must have a current and complete student health form on file with the QCC Health Compliance Officer. Failure to provide this form (or submission of an incomplete form), will result in withholding of clinical privileges until the situation is corrected. Failure to comply with this requirement may result in dismissal of the student from the program.

3. **Drug Testing**
   Students will be required to undergo and pass a drug screening analysis to be eligible for and/or remain at an assigned clinical education setting. Students who either fail to

pass, or refuse to submit to a drug screening analysis, will be deemed ineligible for clinical placement. Students with positive results will meet with the Dean of Health Care and /or Dean of Students for a final decision on program eligibility.

Upon request, information regarding the results of drug testing will be provided to the students by the Health Compliance Officer(s).

4. **CPR**
   Prior to entering the Respiratory Care Program, students must become certified in cardiopulmonary resuscitation (CPR). Documentation verifying completion of the American Heart Association *Health Care Provider* CPR or American Red Cross Professional Rescuer CPR or BLS for Healthcare Providers must be obtained. All are valid for two years. On-line CPR is <u>not</u> acceptable. This certification MUST remain active for the duration of the program and the student MUST possess a valid CPR card to participate in any clinical course (RCP 126, 136, 256, 266).

5. **Proof of Health Insurance**
   Prior to entering a clinical rotation, students MUST provide verification of current health insurance coverage to the Health Compliance officer(s). This is mandated by the College, and students will not be allowed to attend clinical if this requirement is not met.

6. **CORI / SORI / National Background Certifications**
   As a prerequisite for a clinical placement in the Respiratory Care Program, all students must undergo a Criminal Offender Record Information (CORI) check, and a Sex Offender Registry Information (SORI) check every six months. They must also undergo a one-time National Background check. These are required due to potential unsupervised contact with children, the disabled, or the elderly during a clinical experience. Students found to have certain criminal convictions or pending criminal actions will be presumed ineligible for clinical placement. The Commonwealth's Criminal History Systems Board, pursuant to Massachusetts General Laws, Chapter 6, Sections 167-178B, authorizes the College, to access CORI/SORI/ National Background Certification records. The College shall refer to regulations issued by the Commonwealth's Executive Office of Health and Human Services, 101 Code of Massachusetts Regulations 15.00-15.16, as guidance when assessing these records. Sex Offender checks shall be performed pursuant to Massachusetts General Laws, Chapter 6, and Sections 178C-178P.

   Students must also be aware that a felony conviction may affect a graduate's ability to sit for the National Credentialing Exams or obtain state licensure.

   For additional information regarding this process, please contact Pat Schmohl, Dean of Healthcare at: (508)751-7942.

THE CERTIFICATIONS / FORMS / EVALUATIONS LISTED ON THIS PAGE <u>MUST BE SUBMITTED TO THE QCC HEALTH COMPLIANCE OFFICER(S) BY AUGUST 15th.</u> <u>FAILURE TO COMPLY WITH THIS REQUIREMENT WILL RESULT IN REMOVAL FROM THE RESPIRATORY CARE PROGRAM.</u>

RESPIRATORY CARE PROGRAM COMMUNICABLE DISEASE POLICY

1. Communicable Disease

The communicable disease and immunization policies that follow are enforced for Respiratory Care students. Students who contract a disease, which is communicable to patients, must take appropriate precautions to prevent cross contamination.

The Respiratory Care Program abides by the isolation procedure(s) and policies in effect at affiliate Institutions.

2. Communicable Disease Policy (The Classroom)

The following immunizations, vaccinations, or titers are required of all Respiratory Care students:

MMR	titer
Tetanus	vaccination
Hepatitis B	titer
Varicella (chicken pox)	titer
Flu Shot (yearly)	immunization
Covid-19	vaccination + boosters

3. Tuberculosis Testing (TB Testing)

Freshmen are required to undergo a two-step TB testing process (TST) prior to beginning clinical rotations. The dual PPD tests can be administered one (1) week apart. Interferon-Gamma Release Assay (IGRA) testing (QuantiFERON® or T-SPOT®) may be performed in lieu of the two-step (TST). This procedure is mandated by the Centers for Disease Control for health care workers, such as Respiratory Therapists, who are classified as Medium Risk. Health care workers with: (a) a baseline positive or newly positive test result for M. tuberculosis infection or (b) documentation of previous treatment for LTBI (Latent Tuberculosis Bacillus Infection) or TB disease should receive one chest radiograph to exclude TB disease. Repeat radiographs are not needed unless symptoms or signs develop or unless recommended by a physician.

After completing the two-step (TST) process in the freshmen year, returning sophomore Respiratory Care students are required to present proof of one negative PPD or Interferon-Gamma Release Assay (IGRA) (taken during June, July) prior to entering the critical care clinical rotation in the fall semester. Sophomores must submit proof of a negative PPD evaluation to the Health Compliance Officer, no later than August 1st.

4. Waiver of Liability

Students who are immunologically compromised will be excused from institutional requirements for certain vaccinations, notably measles and rubella, as these vaccinations may lead to serious consequences in those with poorly functioning immune systems. Such students must sign a waiver of liability releasing clinical affiliates and Quinsigamond Community College from all liability should the student contract these diseases because of a clinical experience (See Appendix).

5. Health Compliance Officer(s)

Health and immunization records are maintained by Castle Branch and verified by the Health Compliance Officer(s) at QCC. All students must upload the completed health form, CPR certification, and proof of PPD to Castle Branch for questions please contact QCC Health Compliance or by phone: (508) 751-7967.

6. Communicable Disease Policy (The Clinical Area)

Students must follow the policies established by the clinical affiliate(s) relative to the care of patients with a communicable disease. Any student with a communicable disease must follow the policies established by the clinical affiliate(s) relative to a caregiver with a communicable disease. Students must take all precautions against exposure and transmission of communicable disease(s) as recommended by the Centers for Disease Control

7. Hepatitis B and Hepatitis B Immunization

"Hepatitis" means inflammation of the liver. There are many different causes of hepatitis, including alcohol, drugs, chemicals, and infection. One of the infectious agents is a virus called Hepatitis B. Hepatitis B may be spread in a health care setting, and can have severe consequences, including death; however, Hepatitis B infection is preventable.

The disease of Hepatitis B affects human beings in several possible ways:

- "Subclinical hepatitis" - the person is infected, but is not ill; the body overcomes the infection, and the person becomes immune to any further episodes of Hepatitis B.
- "Clinical hepatitis with recovery" - the person is infected and feels ill, but still the body overcomes the infection and the person becomes immune.
- "Clinical hepatitis" - infection occurs, but the body does not overcome the infection, rather the infection overcomes the body, and the infected person dies from liver failure.
- "Hepatitis B carrier" - infection occurs, the body does not entirely overcome the disease, and the infected person becomes a lifetime carrier. Many carriers feel well but may eventually die from liver destruction (cirrhosis) or from liver cancer. Carriers are always capable of passing the disease to others. If students do not belong to an insurance plan that provides Hepatitis B immunization, but want to be immunized, this can sometimes be arranged through the student's employer, free medical clinics, or private physician. Protection from Hepatitis B is therefore considered a necessity for students planning a career in health care.
- It is the policy of the Respiratory Care Program and the State of Massachusetts that students having potential exposure to blood, or other potentially infectious materials are required to obtain a series of three Hepatitis B immunizations. A titer verifying immunity must be drawn approximately 6 to 8 weeks after receiving the third shot. This series and evidence of a positive titer must be completed by August 15th and prior to initial placement in the clinical or laboratory setting.
- Additionally, all students entering the Respiratory Care Program must sign a waiver of liability releasing the clinical affiliates and Quinsigamond Community College from all liability should the student contract hepatitis B because of a clinical experience (See Appendix).

8. Blood and Body Fluid Exposure

Students are expected to utilize Standard Precautions while in the clinical and field setting to minimize and prevent blood and body fluid exposures. Students who experience a critical exposure such as blood, visibly bloody fluids, or other body fluids e.g., cerebrospinal, synovial, peritoneal, pleural, amniotic, semen, vaginal secretions from a needle stick, cut, or splash to the eyes, mouth, nose, or open cut must:

- Wash needle sticks and cuts with soap and water.
- Flush splashes to the nose, mouth, or skin with water.
- Irrigate eyes with clean water, saline, or sterile irrigation.
- Obtain initial evaluation. DO NOT DELAY! It is important to be evaluated as soon as possible after exposure. You may need immediate treatment. Go to the

nearest Emergency Room for evaluation and treatment. *(Center for Disease Control and the National Institute for Occupational Safety and Health, https://www.cdc.gov/niosh/topics/healthcare/*

- Notify the Clinical Preceptor (Instructor), Program Director and Director of Clinical Education.
- Follow all treatments determined necessary by the Emergency Room Practitioner.
- Fill out the incident report for the clinical site.
- Meet with the clinical instructor before leaving the site.
- You will be relieved from clinical for the remainder of the shift. The Director of Clinical Education will follow-up with you to determine the best process to return to the clinical setting.

College Policy on Unanticipated Clinical Exposures to Communicable/Infectious Diseases

Upon notification of exposure, the Clinical Coordinator or Dean of Health Care, shall contact the Clinical instructor and students impacted by unanticipated clinical exposure, to determine follow-up action. Participation in clinical activities at the clinical agency may be suspended, while an investigation is pending. The decision to suspend clinical activities during this time rests with the Program Director, Director of Clinical Education, or the Dean of Health Care. The Director of Clinical Education or Dean of Health Care must also report this to the college Health Consultant, who will report the incident to the college Chief of Police within the same time frame. When available, full demographic, clinical and epidemiologic information, must be included in the report.

- **Change in Health Status**
  For a student to continue in class or clinical when their health status has changed, the student must provide documentation from a health care provider that clearly states the limitations or the ability of the student to fully participate in all activities. Health status changes include, but are not limited to:
  - Injury
  - Pregnancy/Delivery (requires a physician note)
  - Major illness (i.e., physical and or mental)
  - Communicable disease
  - Splint/brace/cast/sling, etc.

- **Injury or Illness in the Clinical Area**
  In the event of injury/illness in the clinical area, students will be referred for treatment by the clinical instructor based on the policy of the affiliating agency. The student is responsible for payment of treatment.

- **Clinical Course Work While in an Employee Status**
  Students must NOT complete clinical coursework while in an employee status. Students must not be used to substitute for clinical, instructional, or administrative staff. Students shall NOT receive any form of remuneration in exchange for work they perform during their clinical education coursework and experiences.

THE CLINICAL EXPERIENCE AND CLINICAL RESPONSIBILITIES- INTRODUCTION

The clinical experience is designed to provide students with opportunities to observe, develop, and acquire practical patient-care skills under the direct supervision of a clinical instructor. Syllabi/Outlines for clinical courses are distributed prior to participation in the clinical experience.

A. CLINICAL INSTRUCTORS:

The program uses a combination of either Clinical Faculty/Instructors or Clinical Preceptors depending on the clinical site. Clinical Faculty/Instructors are employed by the college (i.e., QCC) to instruct QCC Respiratory Care students. Clinical Faculty/Instructors may take up to 6 students per clinical day. Clinical Preceptors are employed by the clinical site and have an additional clinical load. Clinical Preceptors may have no more than 2 students with them per clinical day.

B. ASSIGNMENTS

- Clinical, lab, and classroom assignments may be scheduled anywhere within a 75-mile radius of Quinsigamond Community College.
- Clinical may run on any shift (e.g.: days/evenings/nights/weekends). Students are required to attend during the hours assigned. There are NO exceptions to this policy.
- During the freshman year, students are required to attend clinical eight (8) to sixteen (16) hours per week; during the sophomore year, clinical time ranges from sixteen (16) to twenty-four (24) hours per week.
- Program Coordinator(s) determine ALL student scheduling and placements.
  Note: NEITHER STUDENTS, CLINICAL INSTRUCTORS OR CLINICAL PRECEPTORS' MAY NOT REQUEST, OR MAKE, CHANGES TO THE CLINICAL SCHEDULE AFTER IT HAS BEEN PUBLISHED!
- Clinical Schedule Changes: A minimum of 48 hours' notice will be given if a change to a student's published clinical schedule is required. Programmatic emergency situations such as the unanticipated resignation of a clinical faculty member, loss of an affiliate site, (or similar) may require that a clinical schedule change be made without prior notice.

C. CLINICAL/LAB ATTENDANCE POLICIES

If students are to achieve a competent skill level in clinical practice, a standard number of hours of instruction are required. Students are expected to be present for all clinical and laboratory experiences. Regular attendance at clinical and lab is ESSENTIAL to the quality of the overall learning experience; the following policies MUST be observed:

If absence from clinical is unavoidable, the student MUST notify **BOTH** the Director of Clinical Education, AND the clinical affiliate (or clinical instructor), a MINIMUM OF ONE-HALF HOUR (30 MINUTES) PRIOR TO THE ASSIGNED START TIME.

Students who must be absent from the laboratory component of a clinical rotation must contact the lab instructor prior to the scheduled start time for the lab session.

Any missed lab or clinical time MUST be made up (see next section for makeup criteria).

If a student has more than 3 clinical or lab absences, the student MAY be removed from the program. Minimally, the absences will negatively impact a student's clinical/lab grade for the semester in which the absences have occurred. These occurrences will be documented in the clinical reporting software tool for clinical and will be documented by the lab course instructor for the lab. After two (2) occurrences, the student must meet

with the Program Coordinators. This meeting will be documented and recorded formally in the student's file, the student will be placed on clinical/lab probation. A 3rd absence MAY jeopardize the student's eligibility for continued participation in the program.

D. CLINICAL MAKEUP CRITERIA

****All clinical absences (except for Personal Days), must be rescheduled. ****
Students must discuss clinical make-up with the Director of Clinical Education prior to the conclusion of the clinical rotation.

Scheduling of clinical makeup time and clinical placements for makeup time will be done by the Director of Clinical Education. Students, clinical instructors, or clinical preceptors are NOT permitted to make personal arrangements for the INDEPENDENT completion of clinical makeup time and are NOT permitted to alter scheduling set by the program without the express permission of program administrators.

Clinical sites where clinical instructors are clinical preceptors (i.e., NOT paid by the college), clinical make up time will be done according to the clinical preceptor's schedule.

**** This policy applies ONLY to makeups of ONE- OR TWO-DAYS DURATION and is limited to health or family emergencies. Long-term absences will require withdrawal from the Respiratory Care Program. The student must then petition for readmission to the program.**

Scheduled make-up is dependent upon faculty availability and may occur on holidays, weekends or during school vacations.

E. PERSONAL DAYS

For the Respiratory Care Program to be accredited by the Commission on Accreditation for Respiratory Care, a standard number of hours of clinical instruction are required. However, the faculty recognizes that there are legitimate circumstances that may necessitate an absence. To meet this need, ONE PERSONAL DAY is permitted each year. When electing to take a Personal Day, students MUST notify both the DCE and the clinical affiliate (or clinical instructor) a minimum of one-half hour prior to the designated start time*. A personal day cannot be taken on the first or last day of clinical, or during a specialty rotation* (i.e., homecare/NICU/rehabilitation or long-term care/ sleep laboratory).

If personal or sick time is needed during a specialty rotation, the clinical day must be rescheduled.

Students who utilize a personal day will not be eligible for the five (5) bonus points that are awarded for perfect attendance (See Section E).

F. SCHOOL CANCELLATIONS, DELAYS AND EARLY DISMISSALS

The following statement is in the QCC website under *Inclement Weather*. It states: "Many of Quinsigamond Community College's academic programs/certificates require students to participate in experiential learning, e.g., clinical, practicum, etc. Since many of these external sites remain open during inclement weather conditions, students should anticipate that they might be expected to report to an external site even if the College closes because of inclement weather. At the beginning of each semester, Faculty Program Coordinators will inform students within their programs of the

procedures they are expected to follow during inclement weather."

G. QCC SCHOOL CANCELLATIONS

If the College cancels or delays classes because of a snow or weather emergency, clinical MAY also be cancelled. It must be noted that the College may cancel school for day and/or evening classes. If the college cancels classes, faculty may opt to hold classes virtually AND YOU MAY STILL HAVE CLINICAL AT THE USUAL TIME. Please wait for correspondence from your clinical instructor to determine when and if clinical will be held or if a makeup date will be required.

School cancellations may be confirmed by calling the QCC Snow Emergency Line (508) 854-4545, listening to local radio station (WBZ 1030)_or TV Stations WBZ (Ch. 4) and WHDH (Ch. 7) or by checking the QCC website (www.qcc.mass.edu). Students may also sign up for the Text Alert System through the Q at the beginning of the semester. Makeup for snow days must be rescheduled on or before the last day of final exams in the semester in which they occurred. Clinical make-up due to inclement weather will not be at the student's expense.

H. QCC SCHOOL DELAYS

Since clinical rotations run during the day or evening, students MUST verify with the Director of clinical education if a clinical rotation has been cancelled. These cancelled clinical days must be rescheduled later with the DCE, clinical faculty/clinical preceptors, and students.

If there is a QCC delay to the start of classes due to inclement weather, then the following will occur:

Clinical that is scheduled from 7am to 3pm:

- A delay of classes until 10am: All students will report to clinical at **7am**.
- A delay of classes after 10am: The clinical day **may** be rescheduled for the same date at a later time as agreed upon by students and faculty) e.g. 11 am – 7 pm clinical day.

Clinical that is scheduled for 3pm to 11pm:

- A delay of classes until 6pm: All students will report to clinical at **3pm**.
- A delay of classes after 6pm: The clinical day **may** be rescheduled for the same date later as agreed upon by students and faculty) e.g. 7 am – 3pm clinical day

I. QCC EARLY DISMISSAL

In the rare event that QCC announces an early dismissal, students may be required to remain at their clinical site and complete the clinical day. The clinical instructor(s), the director of clinical education (DCE) or the program director (PD) will coordinate to determine when students are to be released from their respective clinical site(s). ANY missed clinical time greater than 4 hours will be rescheduled for a later date. The date/time of this rescheduled clinical day will be coordinated with the DCE, clinical instructor(s), and students and will be completed by the end of the semester.

J. TARDINESS

Students who anticipate being late MUST notify both the DCE and the clinical instructor a MINIMUM of ½ HOUR (30 MINUTES) PRIOR TO THE ASSIGNED START TIME.

STUDENTS WILL BE CONSIDERED ABSENT IF THEY HAVE NOT ARRIVED AT THE ASSIGNED FACILITY WITHIN (1/2) HOUR (30 MINUTES) AFTER THE SCHEDULED START TIME FOR THE SHIFT, OR IF THEY LEAVE MORE THAN ONE (1) HOUR (60

MINUTES) PRIOR TO THE END OFTHE SHIFT.

CHRONIC tardiness will negatively impact a student's clinical grade for the semester in which the lateness has occurred. These occurrences will be documented in the clinical reporting software system. After two (2) occurrences, the student must meet with the Program Coordinators. This meeting will be documented and recorded formally in the student's file. Three (3) occurrences may jeopardize the student's eligibility for continued participation in the clinical component of the program.

ALL ABSENCES AND LATENESS WILL BE DOCUMENTED ON THE CLINICAL REPORTING SOFTWARE SYSTEM.

CLINICAL INSTRUCTORS WILL NOTIFY THE DIRECTOR OF CLINICAL EDUCATION OF ALL ABSENCES AND LATENESS.

K. DEPARTURE FROM THE CLINICAL FACILITY

- All students must remain within the clinical affiliate during scheduled clinical hours.
- Students may leave the clinical site ONLY in cases of illness or emergency, and ONLY after notifying the clinical instructor and receiving permission to depart.
- Additionally, students must notify the DCE within twenty-four (24) hours of the occurrence. Failure to do so will result in a clinical warning, and possible clinical failure.

L. LUNCH AND BREAKS

- A break may be taken either when the instructor takes a break or at the instructor's discretion.
- Lunch will be taken when the clinical instructor goes to lunch. Students may not leave the facility for lunch.
- Thirty (30) minutes of the clinical day has been designated for lunch. Students who do not return promptly to their assigned clinical areas, or who abuse their break or lunch time, will be asked to leave the facility. A report will be made to the DCE, and the student will be subject to disciplinary action.
- Any free time during the clinical shift, excluding breaks and lunch, should be spent constructively, e.g., performing practical demonstration of skills, reviewing patient records, working on case studies, etc.

M. CONFIDENTIALITY

- ALL hospital and patient records are confidential in nature. Failure to maintain patient confidentiality will result in immediate suspension from clinical. In addition, the student will be disciplined according to the guidelines of the QCC Code of Conduct (See Student Handbook).
- HIPAA rules and regulations must be followed.
- "Records" include physician, nursing, Respiratory Care notes, laboratory data, and all personal, technical, or other information that may be contained in the patient's chart and/or other medical records.
- Any observations made by the health care team are a part of the confidential legal document and must be handled with respect for confidentiality.
- Hospital documents and patient information are NOT to be photocopied or printed unless written permission has been obtained by the clinical site. Any allowable documents MUST be de-identified as much as possible. Violation of this mandate may result in immediate suspension from the Respiratory Care Program.
- It is an INEXCUSABLE breach of confidentiality to discuss a patient in public. Even

discussion among health care professionals should, insofar as possible, be limited to the nature of the problem, WITHOUT identification of the patient.

- Confidential information MUST NOT be disclosed to unauthorized individuals, including family and friends. Disclosure of such information is cause for immediate dismissal from the program.
- No student will be permitted to operate a tape recorder or any other type of electronic or battery powered recording device in ANY patient care setting/within the physical confines of any clinical affiliate (i.e., the cafeteria)/anywhere within a patient's home. If the student violates this mandate, he/she will be placed on immediate clinical suspension and be subject to the program/school disciplinary process (Refer to the QCC College Code of Conduct Policy in the QCC Student Handbook).
- All students are required to have a signed/witnessed "Statement of Confidentiality" on file with the program. (See Appendix).

N. CLINICAL AREA WITHOUT INSTRUCTOR

Students may not be in a clinical area without a QCC clinical instructor or preceptor present in the facility. Students may not remain or return to clinical facilities outside of the regularly scheduled clinical experience hours.

O. COMPUTER ACCESS REGARDING CLINICAL PRACTICE

Computer access at the clinical facility is limited to scheduled clinical hours only. It is also limited to the student's assigned client. Under no circumstance are students allowed to access computer information independently. Clinical instructors MUST be present when hospital computerized data is used. Students who obtain hospital/patient data without a clinical instructor's permission will be placed on immediate clinical suspension and be subjected to the program/school disciplinary process. Refer to the College Code of Conduct Policy (QCC Student Handbook).

If a student possesses computer access via employment, it is never to be utilized while in a student role. Breach of the employer/employee computer access policy requires that the Clinical Instructor report the incident to the facility. The student will be placed on immediate clinical suspension and disciplined according to the Quinsigamond Community Code of Conduct. (See the QCC Student Handbook).

P. PERSONAL APPERANCE/HYGIENE GUIDELINES (SEE UNIFORM POLICY)

The personal appearance and demeanor of the Respiratory Care student while in the clinical setting reflect on both college and program standards and are indicative of the student's interest and pride in their profession. Program Coordinators have developed the accepted uniform, which is to be worn by all students during all clinical assignments.

- Students must conform to the personal appearance policies of both the program and all clinical affiliate sites.
- Full uniform (clean and pressed), including lab coats, must be worn during all clinical rotations, unless otherwise specified (i.e., the NICU).
- Lab coats must also be worn (over appropriate street clothes) to all off campus hospital lectures unless otherwise specified.
- The clinical instructor will report violations of the uniform policy in the Data Arc system and notify the Director of Clinical Education.

Additionally:

- All uniforms shall be neat, clean, pressed and replaced when significantly stained or damaged.
- Meticulous grooming, daily bathing, and good personal hygiene, using an

"unscented" deodorant are expected.

- Any student reporting to the clinical site in incomplete or non-standard uniform will be sent home to correct what is necessary to meet uniform standards. Time lost from clinical will be made up as indicated. (See "Attendance at Clinical," Section E).
- At all times, school patches will be visible on the left sleeve of the uniform lab coat and QCC nametags will be worn.
- Hair should always be neat and clean. Only natural hair colors are permitted. In addition, hair that is shoulder length or longer must be tied back or worn up off the collar. This policy applies to <u>both</u> male and female students. Decorative hair ornaments are not permitted. (i.e., bows, beads, ribbons, etc.).
- Fingernails must be short, natural, neat, and clean; only clear nail polish may be worn and must be kept fresh (no obvious chips). Artificial /acrylic nails, nail art, decals, etc. are a potential source of infection and are not permitted.
- Students should wear white undergarments and if necessary, for warmth, a plain, white, short-sleeved shirt under the uniform top. Undergarments should not be visible under the student uniform.
- Hats are not permitted in the clinical, laboratory or simulation setting unless required by a student's religious affiliation.
- Makeup must be kept to a minimum. The use of perfume, cologne, after-shave, etc. is prohibited.
- Jewelry must be kept to a minimum, and limited to wedding bands, a watch, and plain earrings (studs or very small hoops in gold or silver). No more than two (2) earrings per ear may be worn. These piercings must be small and non-distracting. They will be assessed by Clinical and Program Coordinators for acceptability. Ear piercings such as orbital, auricle, anti-tragus/tragus, daith, industrial, and earlobe gauge piercings, etc. are not allowed. Also, the wearing of neck chains, bracelets, etc., is not allowed, as is the wearing of "body" jewelry, e.g., nose studs or nose rings.
- Beards, moustaches, and sideburns must be neatly trimmed. They must be short enough to be entirely covered by a surgical mask.
- Tattoos, body art and body piercings must be covered. Face piercings must be removed. Sleeve and chest/neck tattoos must be covered with a long sleeve, plain, white shirt. This shirt must be approved by program coordinators.
- The clinical instructor/affiliate reserves the right to determine if a student meets appearance/hygiene standards.
- Verbal warnings may be issued for an initial infraction of appearance/hygiene policies. If the problem is not subsequently corrected, any further infraction will result in dismissal from the clinical site, and the student will be required to make up the clinical day. Continued abuse will result in clinical suspension and be subject to the program's disciplinary process.
- Clinical affiliates may stipulate *additional* requirements/expectations (specific to that facility) relative to employee and/or student appearance/hygiene. These requirements must be observed.

Q. <u>ACCIDENTS / INCIDENTS / INJURY IN THE CLINICAL AREA</u>

- All accidents/incidents that occur on clinical assignment resulting in patient, hospital personnel, or personal injury and/or damage to equipment must be immediately reported to the clinical instructor and program administrators.
- In the event of injury/illness in the clinical area, students will be referred for treatment by the clinical instructor based on the policy of the affiliating agency. The student is responsible for payment.

R. HEALTH AND ILLNESS

- Students are responsible for their own health and the expense of health care.
- Students are reminded that a second TB test is to be completed prior to the fall semester of the second year.
- Students with potentially communicable conditions: i.e., upper respiratory diseases; GI upsets; infected wound, etc., must notify the clinical instructor prior to a patient assignment.
- Some illnesses may result in restriction from certain patient care areas.
- Hospitalized patients typically have a multitude of physical problems. Many are easily prone to infection. Many areas such as renal transplantation units, surgical, intensive, and intermediate care, NICU, and burn units have patients in strict and protective isolation. Infections in these patients can be life-threatening. Responsible professionals will protect both themselves and their patients by strictly adhering to isolation procedures and aseptic techniques.
- Students who have contracted a communicable disease or have required hospitalization must provide a signed physician's release to the Director of Clinical Education prior to returning to classes and clinical assignments.
- If a female student suspect she may be pregnant, she must inform the Director of Clinical Education. During the first trimester of pregnancy, exposure to the cytomegalovirus can cause serious problems for the unborn child. In addition, unnecessary exposure to X-Rays is also a concern.

S. PHONES / PAGERS OTHER ELECTRONIC OR BATTERY-POWERED DEVICES (Also see pg. 10)

- Students who carry cellular phones and/or pagers MUST TURN OFF ANY AUDIBLE SIGNAL WHILE IN THE CLASSROOM AND LAB. In the classroom, phones must be stored off the desk or bag/purse, while the class is in progress.
- CELLULAR PHONES AND PAGERS ARE NOT TO BE TAKEN INTO THE CLINICAL AREA.
- Texting or taking photos with a cellular phone is not permitted during clinical hours, in the classroom, or in the lab, unless permission is obtained from Program Coordinators.
- THE USE OF RECORDING DEVICES IN THE CLINICAL SETTING IS STRICTLY PROHIBITED.
- Students should advise their families, child-care providers, etc., of their schedules so that they can be contacted during non-class or non-clinical time only, in so far as possible.
- If it becomes potentially necessary (i.e., sick child) that a student needs to be contacted during a clinical shift, the student should provide the clinical site's Respiratory Care or other departmental number, as appropriate. The department will contact the student or his/her instructor to relay the message.

STUDENT RETENTION / PROGRESSION IN THE PROGRAM

- Students are required to maintain a 73% proficiency ("C") in all core courses (including A&P I and II, Medical Microbiology), and passing grades in all other courses (as outlined in the College Grading Policy). Each respiratory course must be completed in sequence to continue in the program. Transfer grades for "Core Courses" must be approved by the Registrar's Office and be no lower than a "C."
- Students may be evaluated by the clinical instructor and/or Director of Clinical Education at any time to provide the student with feedback as to their performance/progress to date.

- Students must successfully complete the assigned objectives for the current clinical semester to progress to the next clinical semester.
- Students who demonstrate weak clinical skills may be assigned to independent laboratory practice. Students may return to clinical only after successful completion (as determined by faculty evaluation) of assigned laboratory practice/skills.
- Students failing the clinical and/or lab component of a rotation (RCP 121, 122, 221, 222) will receive a failing grade for the course, regardless of the grades achieved on related items such as case studies, critical thinking questions, lab practical exam, etc.

REPORT OF POLICY VIOLATION

If students fail to comply with any clinical policy not directly or indirectly addressed by the "Report of Essentials Violations," the clinical instructor and/or Program Coordinator(s) may elect to issue a "Report of Policy Violation" (see Appendix).

Issuance of **one** Report of Policy Violation requires:

- that the student to whom the report was issued, schedule a meeting with the Program Director and/or Director of Clinical Education for the purpose of policy review.
- **that the student loses points on the Affective Evaluation in the clinical reporting software system. system**

Issuance of **two** Reports of Policy Violation in one semester requires:

- that the student to whom the reports were issued, schedule a meeting with the Program Director and/or Director of Clinical Education for the purpose of policy review and remedial mandates.
- **That the student loses points for Affective Evaluation in the clinical reporting software system.**

Issuance of **three** Reports of Policy Violation in one semester requires:

- dismissal from the Respiratory Care Program

DISCIPLINARY POLICIES / ACTIONS

1. Clinical Failure

Clinical failure will be determined by Program Coordinators. A student may receive a failure in the clinical practice area at any point in the program. A clinical failure will be documented in clinical reporting software system and will clearly state behaviors (with examples) which indicate unsafe clinical practice. **Clinical failure for unsafe, unethical, and unprofessional clinical practice can occur without a prior clinical warning.**

2. Clinical Dismissal

If an instructor deems a student as being unable to perform satisfactorily in the clinical area, (i.e., the student is not prepared to carry out his/her assignment responsibilities for the day or arrives late), it is the faculty responsibility to dismiss that student from the clinical area. This dismissal will constitute a clinical absence. Satisfactory performance is defined by the behaviors identified by the course clinical evaluation tool. The instructor must immediately notify the Director of Clinical Education of the incident. Written documentation must be given to the student and the Director of Clinical Education within two school days following the incident. The Program Coordinators will discuss the incident within one week and decide if the incident constitutes grounds for dismissal and/or other actions.

STUDENTS <u>WILL</u> BE SUBJECT TO <u>IMMEDIATE DISMISSAL</u> FROM THE ASSOCIATED CLINICAL COURSE (F GRADE) FOR THE FOLLOWING VIOLATIONS:

<u>CATEGORY I VIOLATIONS</u>

- Any criminal activity occurring in the clinical setting including, but not limited to controlled substances; assault; weapons; or theft.
- Unprofessional / unethical conduct including, but not limited to misrepresentation of self or duties; lying; cheating; plagiarism; patient safety issues.
- Falsification of records or documents in the clinical and or classroom setting
- Non-compliance with clinical policies including, but not limited to HIPAA violation; alteration/falsification of clinical documents; misuse/destruction of clinical property, i.e., documents, equipment, supplies.
- Excessive counseling reports for repeat or various violations (2 occurrences).
- Impairment or intoxication due to alcohol or drugs while in the clinical setting, classroom, lab, or while in performance of patient care-duties.
- Physical and /or/ verbal abuse, intimidation, or threat of same directed at any person.
- Comments, gestures, or actions of a sexual nature addressed to, in the presence of, or made toward any person, either in the classroom, laboratory, clinical site(s), or on social networking site(s).
- Actions which endanger the life or health of any person.
- Accessing patient care computer information without the presence or permission of a clinical instructor.
- Accessing patient computer data at a hospital they are not assigned.
- Failure to comply with criteria set because of probation status.
- Using a tape recorder in the clinical setting.

STUDENTS <u>MAY</u> BE SUBJECT TO DISMISSAL FROM THE RESPIRATORY CARE PROGRAM FOR THE FOLLOWING VIOLATIONS:

<u>CATEGORY II VIOLATIONS</u>– The expectation is that the student will learn and not repeat their action(s).

- Unprofessional behavior including, but not limited to insubordination; sleeping or failure to be alert & prepared; hindering the workflow; unorganized; unauthorized absence from the assigned work area.
- Poor quality patient care and/or safety.
- Non-clinical/educational use of phone or computer.
- Non-compliance with program/CES policies including, but not limited to attendance; tardiness; appearance; CES specific policies.
- Insufficient clinical skills including, but not limited to lack of progress; regression/loss of clinical skills; poor communication; lack of initiative/involvement in learning activities; failed competencies.
- Unethical or unprofessional conduct.
- Unsatisfactory academic/clinical performance (below 73 average).
- Broadcasting of Respiratory Care classes via electronic equipment.
- Re-Broadcasting or posting of Respiratory Care classes on social media.

Unless the violation is one <u>which specifies immediate suspension or dismissal</u>, violation of any written program policy will initiate the following process:

COUNSELING/DISCIPLINE PROCESS

Non-compliance with CES and/or program clinical policies & procedures shall be addressed as follows:

First Violation:

1. Required meeting with Program Coordinators.
2. Verbal and written warning: This will contain counseling/discipline actions from the Program Coordinators, stating the specific infraction and expectations for future. behavior. The student will sign this report to document they are aware of the situation.
3. Documentation of warning will be placed in student file.
4. **Loss of points on the Affective Evaluation in the clinical reporting software system.**

Second Violation:

1. Suspension from clinical/involved course pending hearing with Program and College administrators.
2. Record of suspension will be placed in the student's programmatic file.
3. A decision regarding reinstatement will be made after a review of information presented at a formal hearing with Program and College administrators.
4. **Loss of points on the Affective Evaluation in the clinical reporting software system**

All counseling reports will be cumulative and will be kept on file. Accurate records of all incidents and comments from the clinical instructor to the student will also be kept. A copy of all counseling/discipline reports will be given to the student and retained by the authoring instructor and forwarded to the next clinical rotation. All records will be kept as part of the student's permanent file.

DISCIPLINARY ACTIONS/APPEALS PROCESS

See the QCC Student Handbook for a description of the *Student Code of Conduct* and *Disciplinary Process* for additional details.

A student may appeal any disciplinary action by submitting, within seven days of the disciplinary action, a written request for appeal. Upon receipt of such request:

- An appeal hearing with Program and College administrators (Hearing Committee) will be scheduled. The student will remain suspended from clinical as they proceed through the appeals process.
- The recommendation of the Hearing Committee will be final.
- Students involved in any disciplinary action by the College (for violation of professional conduct standards, plagiarism, cheating, falsification of documentation, etc.) may be denied readmission to the Respiratory Care Program.
- If a decision is made to readmit, the student's failure to meet/maintain the conditions associated with reinstatement will result in repeal of the reinstatement decision.

WITHDRAWAL PROCEDURE

Students who wish to withdraw from the program due to extenuating circumstances or Respiratory Care course failure, must follow the college withdrawal procedure found in the QCC Student Handbook. They must also **make an appointment to see the Program Director.**

Please note: Withdrawing from one or more courses can impact course sequencing, prerequisites, financial aid and/or family medical insurance.

READMISSION TO THE RESPIRATORY CARE PROGRAM

Readmission would include students who leave the Program due to either non-academic withdrawal or academic/clinical failure. Please note that readmission to the Respiratory Care Program is not guaranteed. When there are multiple candidates for readmission to a given semester, the following criteria will be used to decide on each applicant's application for readmission:

- Quality of personal statement
- Faculty recommendation
- Academic transcript, GPA
- Space availability

Students seeking readmission after voluntary withdrawal or academic failure must meet with the Program Coordinator to establish the steps which must be taken to request readmission. This meeting must occur within a minimum of 60 days prior to the beginning of the semester for which the student is requesting reentry, so that all paperwork, etc. may be processed. The student will be required complete a Request for Readmission Form, on which the Program Coordinator will list the specific steps that must be completed prior to consideration for readmission and will note dates for completion of each step.

In addition, ALL re-admission applicants must:

- Write a letter explaining why they would like to be readmitted to the program. The letter must enumerate the changes the student will make to achieve success.
- Submit a new application to the Admissions Office.
- Provide an updated health form with documentation of current immunizations.
- Provide documentation of current CPR certifications.
- Complete a new CORI/SORI/National Background Check application
- Repeat the appropriate clinical and laboratory course which runs during the semester into which s/he is seeking readmission. This requirement applies irrespective of the clinical grade achieved for the course during the first admission. (For example: should an applicant be granted readmission to the second semester of the freshman year, s/he will be required to repeat RCP 122 Clinical II).

Once complete, a copy of the Request for Readmission form will be given to the student. Additionally, a copy of the Request for Readmission Form will be made part of the student's permanent file in the Program Director's office.

If the student completes all items/requirements by the date(s) specified, a faculty review committee will then meet to make a recommendation regarding the student's request for readmission. The committee will determine the specific clinical requirements expected of any student recommended for readmission. The committee's recommendation will then be sent to the Dean of Healthcare for recommendation and then to the Vice President of Academic Affairs for a final decision. After the final decision is made, the Office of the Vice President of Academic Affairs will forward the completed Request for Readmission Form to the Admissions Office. The student will then be notified of the final decision via a letter generated by the Admissions Office.

Students will be considered for readmission only once into the Respiratory Care Program.

Only under extenuating circumstances will readmission be considered a second time. The Vice President of Academic Affairs, based on the recommendation from the Program Director and

the Dean of Healthcare, must agree to any approval for a second readmission. Readmission to the Respiratory Care Program must occur within one year of withdrawing or failing out of the Program.

The Respiratory Care Program reserves the right to refuse admission based on, but not limited to, unprofessional behavior, unethical conduct, and client safety issues.

The recommendation for readmission to all semesters will be based on space availability. Recommendations for first semester courses will be limited to two spaces for Respiratory Care.

Students who have been dismissed or withdrawn from a program within the School of Healthcare for reasons of "clinically unsafe practice or behavior," or who violate the College's Student Code of Conduct or Policy on Affirmative Action are not eligible for admission/readmission to any Healthcare program.

During the readmit semester, students are strongly encouraged to audit professional (RCP) courses already successfully completed.

Students are advised to refer to the QCC Student Handbook for future details pertaining to the readmission process.

GRIEVANCE POLICY

See the Quinsigamond Community Student Handbook. https://www.qcc.edu/student-handbook

ACADEMIC ADVISING / COUNSELING

All Respiratory Care students will be assigned a Respiratory Care faculty member as an academic advisor, mentor, and advocate. Faculty will post their office hours at the beginning of each semester. If a student's schedule conflicts with faculty office hours, the student is encouraged to contact the faculty to arrange another meeting time. Students are encouraged to see their advisor at least twice a semester to discuss topics and questions related to career and academic planning.

Refer to the QCC Student Handbook and College Catalog.

COLLEGE COUNSELING SERVICES

Counseling services are available to help students deal with issues that may be interfering with their ability to learn. This office assists students with support and resources when confronted with personal, family, or social problems. Referrals to college and community resources are made, based on need and request. Refer to QCC Student Handbook and College Catalog for additional services.

ACADEMIC SUPPORT SERVICES

Academic support services are available to achieve expected Program Outcomes. These include but are not limited to the library; computer and technology resources; advising; counseling; placement and transfer services.

UNIFORM POLICY (ALSO SEE SECTION P)

The personal appearance and demeanor of the Respiratory Care student while in the clinical setting reflect upon both college and program standards and are indicative of the student's interest and pride in their profession. The program faculty has developed the accepted uniform, which is to be worn by all students during ALL clinical assignments. Any student reporting to clinical in improper or incomplete uniform will be sent home to correct what is necessary to

meet uniform standards. Time lost from clinic will be made up according to program policy. All uniform tops and lab coats must have the *Quinsigamond Community College Respiratory Care* and S*tudent* patches sewn onto the left sleeve. The curved patch must be centered to the shoulder seam, and the round patch is positioned immediately below the curved patch.

Students must conform to the uniform policy of the cooperating agencies. In addition, the following guidelines must be followed:

- All students must present to the Clinical Site in FULL UNIFORM AS DESCRIBED; additionally, lab coats/jackets MUST be worn over appropriate, professional, street clothes when attending off-campus lectures.
- Full clinical uniforms must be worn when working in the Simulation Laboratory.
- ONLY uniform styles/items DESIGNATED BY THE PROGRAM may be worn -- there are NO exceptions to this rule.
- Quinsigamond Community College Respiratory Care Program uniforms are to be worn only during clinical hours. UNIFORMS MUST NOT BE WORN WHILE WORKING AS A STUDENT THERAPIST (i.e., UNDER A LIMITED PERMIT).
- Program faculty reserves the right to DISMISS any student from the clinical site who is: (a) determined to be out of uniform and/ or (b) any student whose appearance is deemed unprofessional/unacceptable based upon the standards specified (see Section O) in the Respiratory Care Program Student Handbook.

The required uniform for both FEMALES AND MALES:

- Freshly laundered and pressed green scrubs with monogrammed insignia and white, and freshly laundered and pressed lab coat with the school insignia on the left sleeve; these items will be purchased from the designated uniform vendor.
- Clean, white, professional, closed-toe shoe or ALL white, leather, (low-cut) athletic shoes; athletic shoes must not have any colored logos or emblems; clogs without back straps are not allowed.
- Clean, white hose, or white cotton socks (no textured print, or stripped stockings or socks)

ALL students must purchase:

- Watch/timer with second hand or display seconds
- Pocket calculator
- Trauma Scissors
- A black ink pen
- Small note pad or paper
- RCP Student Patch(s)
  The QCC Respiratory Care patches are to be sewn (all the way around) on the lab coat, 1-1/2 inches from the top of the left shoulder seam. $12 cash. See program assistant (Georgina).
- RCP Student Name Pin:
  The QCC student name pin must be always worn! (Students will not be permitted in clinical areas without it). If the student loses or breaks the QCC name pin, they are required to notify the Director of Clinical Education, PRIOR to the next scheduled clinical day. Students are required to obtain another name pin within two weeks of losing the original.

  If an identification badge is provided by the clinical agency, this badge, in addition to the student's name pin, is to be worn during all times while at the clinical facility. The

hospital badge must be turned in to the Director of Clinical Education when the clinical rotation is complete. Failure to do this will result in an Incomplete for the clinical course (RCP 126, 136, 246, 256 and 266). The grade will not be changed until the hospital badge is turned in.

- Stethoscope:
  This item may be purchased anywhere; no specific types are required. It is strongly recommended that students purchase a good quality stethoscope. (i.e.: Littman Classic II). You do not need to purchase a cardiology stethoscope.

LATEX EXPOSURE

Latex products are common in the medical environment. Allergic responses to latex can range from irritation and allergic contact dermatitis to the possibility of life-threatening anaphylactic shock. Guidelines have been established at Quinsigamond Community College to provide information to potential allied health program applicants and staff who are sensitive to latex.

Latex free environments are seldom available in either clinical or academic settings. Therefore, an individual with a latex allergy/sensitivity wearing alternative vinyl or nitrile gloves is still exposed to latex residue of others working in the area or to latex present in equipment, models, and mannequins.

Although latex gloves are the most prominent source of latex allergens, many other products contain latex including, but not limited to:

- Blood pressure cuffs, medication vials, syringe connectors and wound drain
- Stethoscopes, catheters, respirators, and goggles
- Oral and nasal airways, surgical masks, and electrode pads
- Endotracheal tubes, syringes, IV tubing, and tourniquets

Any student who has or develops symptoms consistent with latex allergy/sensitivity is advised to consult a qualified allergist for evaluation prior to or during their enrollment in the Health Programs at Quinsigamond Community College. All such evaluations are at the student's expense. If it is determined that a student suffers from a latex sensitivity/allergy and the student desires an academic adjustment, including auxiliary aids or service, or reasonable accommodation due to this condition, the student must contact the College's Office of Disability Services at 508-854-4471.

Disclosure of latex sensitivity/allergy is the responsibility of the student. As with all matters related to one's health, the utmost precautions should be taken by the student to reduce the risk of exposure and allergic reactions. This may include the carrying of an epi-pen by the individual or other precautions as advised by the student's health care provider. It is the responsibility of the student with a latex sensitivity to understand and acknowledge the risks associated with continued exposure to latex during a clinical education and healthcare career, even when reasonable accommodations are made and to regularly consult with his/her health care provider.

To minimize the presence of latex in the College's lab facilities, Quinsigamond Community College will provide latex-free and powder-free gloves in all College lab facilities.

As with all students in the Health Care Programs, a student with a latex sensitivity or allergy is required to satisfactorily complete all requirements and technical standards of the program to which they have been accepted (See Appendix).

LIMITED STUDENT LICENSE

After successfully completing the first two semesters of Respiratory Care coursework, with a 73 average or better, Respiratory Care students are eligible to apply for a limited student license through the State of Massachusetts. The Board of Respiratory Care Licensure is located at 239 Causeway Street, Boston, MA 02110.The application and fee structure can be found at https://www.mass.gov/orgs/board-of-respiratory-care.Their phone number is: 1-800-414-0168

RISK MANAGEMENT

All students who provide care to patients must follow the risk management standards of the clinical agency to ensure a safe and healthy environment. Clinical site health, safety and security policies and requirements are outlined in the clinical agency agreements which are housed in the Program Director's office.

In addition, in August, prior to the beginning of clinical, both freshmen and sophomore Respiratory Care classes are required to complete an online hospital orientation session. During this instruction, students will learn about safe practices, and risk management policies. Students will also complete mandatory HIPAA Training.

CLINICAL AND LABORATORY SUPERVISION

Quinsigamond Community College ensures that all clinical and laboratory experiences are supervised by qualified, Registered Respiratory Therapists.

CREDIT FOR PRIOR LEARNING

Students may be able to earn academic credit for prior learning. Please contact Student Employment and Transfer Center careerservices@qcc.mass.edu. (508)854-4439, Room 272A. If an applicant holds the CRT credential awarded by the National Board for Respiratory Care or has successfully completed courses at a CoARC accredited school of Respiratory Care, then s/he may apply for advanced standing/credits toward a degree from QCC.

USING SOCIAL MEDIA

Social Networks and the Internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people. However, this exchange does not come without risk. Respiratory Therapists and Respiratory Care students have an obligation to understand the nature, benefits, and consequences of participating in social networking of all types. Online content and behavior have the potential to enhance or undermine, not only the individual practitioner's career, but also the Respiratory Care profession.

PRINCIPLES FOR SOCIAL NETWORKING:

- Respiratory Therapists must not transmit or place online individually identifiable patient information.
- Respiratory Therapists must observe ethically prescribed professional-patient boundaries.
- Respiratory Therapists should understand that patients, colleagues, institutions, and employers may view postings.
- Respiratory Therapists should take advantage of privacy settings and seek to separate online personal and professional information.
- Respiratory Therapists should bring content that could harm a patient's privacy, rights, or welfare to the attention of the appropriate authorities.
- Respiratory Therapists should participate in developing institutional policies governing online conduct.

TIPS TO AVOID PROBLEMS:

- Remember that standards of professionalism are the same online as in any other circumstance.
- Do not share or post information or photos through the Respiratory Therapist-patient relationship.
- Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
- Do not make disparaging remarks about patients, employers or co-workers, instructors, even if they are not identified.
- Do not take photos or videos of patients on personal devices, including cell phones.
- Promptly report a breach of confidentiality or privacy.

BEHAVIORS THAT ARE GROUNDS FOR DISMISSAL/CLINICAL FAILURE

The posting, distribution, emailing, texting, etc. of:

- Images or disparaging remarks about other students, faculty, staff, or clinical affiliates, even if identifying information appears to have been removed.
- Student or faculty images without permission of all involved parties
- Any content or images that could in any way compromise the safety, emotional well-being, reputation and/or professional image of the Respiratory Care Program, staff, faculty, or students.
- Disrespectful, inappropriate content while identifying oneself as a Respiratory Care student.

Social networking/email/texting regarding patients, faculty/staff, clinical affiliates, and Respiratory Care student peers is prohibited and will result in clinical failure.

PROFESSIONAL AND ACADEMIC CONDUCT

The faculty of the Respiratory Care Program promote the holistic development of the prospective Respiratory Care therapist, including ways in which personal values influence the development of professional values. Honesty and integrity are expected of all students. In clinical practice areas, the Respiratory Care student is expected to act in ways which always safeguard the patient and the public.

Respiratory Care students are expected to act in a professional manner as evidenced by their behavior and attitude in the classroom and clinical setting by:

- Demonstrating mature, courteous, responsible behavior
- Respecting confidentiality
- Following through on commitments without prompting
- Keeping documentation up to date
- Accepting feedback in a constructive and non-defensive manner
- Treating others with respect
- Expressing oneself in a clear and concise manner
- Demonstrating consistent attendance and promptness
- Showing respect for all individuals regardless of their status
- Demonstrating compliance with all personal appearance polices contained in this document

Academic dishonesty is a direct violation of fundamental principles of ethical behavior. As described in the Quinsigamond Community College Student Handbook, academic dishonesty includes “cheating, plagiarism, or knowingly furnishing false information.” Plagiarism is the representation of another’s work as one’s own.

Academic dishonesty will result in an academic failure in the Respiratory Care course in which it

occurs and may also include further college disciplinary action as deemed necessary by the course instructor(s), the College Handbook, or the QCC Code of Conduct.

- Respiratory Care students are expected to conduct themselves in a professional and ethical manner while at the clinical site, while involved in the delivery of patient care, and while wearing the uniform of the QCC Respiratory Care Program. Unprofessional or unethical conduct will result in immediate suspension from the clinical component of the program pending a hearing with Program/College officials. (A recommendation for or against reinstatement of clinical privileges will be made after a review of information presented at the formal hearing). Unprofessional/unethical conduct may also result in a student's dismissal from the program.
- Students are expected to provide safe and appropriate care.
- Students are expected to arrive at the hospital EARLY, ready to listen, discuss, and learn.
- Students may not conduct personal or business affairs while on clinical assignment.
- Students will NOT be permitted to use personal/business paging devices, cell phones, tape recorders or any other type of electronic or battery powered communication or recording device during clinical hours/in any patient care setting.

AARC STATEMENT OF ETHICS AND PROFESSIONAL CONDUCT (Revised 4/15)

In the conduct of professional activities, the Respiratory Therapist shall be bound by the following ethical and professional principles. Respiratory Therapists shall:

- Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
- Promote and practice evidence-based medicine.
- Seek continuing education opportunities to improve and maintain their professional competence and document their participation accurately.
- Perform only those procedures or functions in which they are individually competent, and which are within their scope of accepted and responsible practice.
- Respect and protect the legal and personal rights of patients they treat, including the right to privacy, informed consent, and refusal of treatment.
- Divulge no protected information regarding any patient or family unless disclosure is required for responsible performance of duty or required by law.
- Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- Promote disease prevention and wellness.
- Refuse to participate in illegal or unethical acts.
- Refuse to conceal, and will report, the illegal, unethical, fraudulent, or incompetent acts of others.
- Follow sound scientific procedures and ethical principles in research.
- Comply with state or federal laws which govern and relate to their practice.
- Avoid any form of conduct that is fraudulent or creates a conflict of interest and shall follow the principles of ethical business behavior.
- Promote health care delivery through improvement of the access, efficacy, and cost of patient care.
- Encourage and promote appropriate stewardship of resources.
- Work to achieve and maintain respectful, functional, beneficial relationships and communication with all health professionals. It is the position of the American Association of Respiratory Care that there is no place in a professional practice

environment for lateral violence and bullying among respiratory therapists or between healthcare professionals.

AARC STATEMENT ON CULTURAL DIVERSITY (Revised 7/18)

The AARC professional community embraces diversity and multi-culturalism in all of its forms and promotes respect and cultural competence in every facet of its mission.

The AARC is enriched by the unique differences found among its diverse members, their patients/ clients, and other stakeholders. The AARC values and embraces equal opportunity and promotes the use of personal and cultural backgrounds to enhance our profession. The AARC accomplishes this by:

- Demonstrating sensitivity to all forms of diversity and multiculturalism including, but not limited to: age, gender and gender identity, race, color and ethnicity, nationality and national origin, ancestry, religious affiliation and creed, sexual orientation, socioeconomic status, political affiliation, physical and mental abilities, veteran and active armed service status, job responsibilities and experience, education and training.
- Acknowledging the varied beliefs, attitudes, behaviors, and customs of the people that constitute its communities of interest, thereby creating a diverse, multicultural, and inclusive professional environment.
- Promoting an appreciation for communication between, and understanding among, people with different beliefs and backgrounds.
- Accommodating the needs of the physically disabled at events and activities.
- Using multicultural content and gender-neutral references in documents and publications.
- Promoting diversity and inclusion through education and cultural competence in its education programs.
- Actively recruiting candidates from under-represented groups for leadership and mentoring programs.

RESPIRATORY CARE SKILLS LABORATORYAND SIMULATION LAB

RESPIRATORY CARE SKILLS LAB

Prior to beginning clinical, students are provided training to ensure a safe transition to the hospital setting. Infection/biohazard control, clinical asepsis and disposal of hazardous waste are taught before the clinical experience begins.

Purpose: To establish guidelines that will assist Respiratory Care students with the successful achievement of the required psychomotor skills performance competency necessary for passing the clinical requirements for each Respiratory Care course.

The Respiratory Care Laboratory is a required clinical component of the program. It provides a safe learning environment for students to practice and demonstrate basic competency in essential skills required to provide safe and effective Respiratory Care. Faculty and lab instructors are available to facilitate learning. The lab is equipped with a variety of equipment that can be found in clinical settings.

SCHEDULED SKILLS LABS

Attendance in the scheduled skills labs is **mandatory**. **Students are expected to be on time and labs will begin promptly at the designated times**. Any problems in lab will be discussed with the student, documented, and communicated to Program Coordinators.

LAB ATTENDANCE AND PUNCTUALITY

Any student who will be late or absent from a lab is required to **notify the Lab Instructor in advance**, via telephone or e-mail, with a valid reason. Promptness is expected, as tardiness negatively impacts the learning process. Students are expected to leave the lab on time at the end of the scheduled session.

LAB POLICIES AND ETIQUETTE

Students must wear their full clinical uniform for all lab courses. Cell phones and beepers are to be shut off. Sitting or reclining on beds or leaning on over-bed tables is not permitted. Equipment may not be removed from the lab without permission of the Program Coordinators. Students are responsible for appropriate handling and disposing of sharps and syringes. Students are required to return the lab to an orderly condition at the conclusion of each session.

PSYCHOMOTOR SKILL COMPETENCY EVALUATION

The clinical component of the Respiratory Care curriculum requires students to demonstrate an ability to satisfactorily perform learned psychomotor skills. Specifically, the curriculum of RCP 121, 122, 230, 126, 136, 246, 256 and 266) require that each student must demonstrate competency of designated psychomotor skills in the laboratory setting **before** performing the skill in the clinical area. Students are evaluated at the end of each semester for skill competency. Students are provided with multiple opportunities to demonstrate competency. If a student fails an initial competency evaluation, a practice session with the Director of Clinical Education or the Lab Instructor is required prior to being cleared for clinical.

If competency evaluation is missed for any reason, it is the responsibility of the student to contact the Lab Instructor and complete the evaluation within 7 days of the competency evaluation, according to the availability of lab staff. A no call/no show for any competency evaluation constitutes a failure for the competency.

CLINICAL SIMULATION LAB

Simulation is an attempt to create realistic medical situations. By utilizing a risk-free environment and essential aspects of clinical situations, the student can apply skills, critical thinking, reasoning, and fundamentals. At the end of the simulation, a debriefing occurs so feedback and corrections can be incorporated into the simulation exercise.

Equipped with the latest technology, the Simulation Lab contains two human patient simulators (1 Sim Man and 1 Sim Baby). Students participate in simulated patient care scenarios where they can develop skills in therapeutic communication, psychomotor skills, problem solving, prioritizing, assessment, and clinical judgment. The main purpose of patient simulation is to give Respiratory Care students the opportunity to demonstrate how they would function in a similar patient scenario in the clinical setting. It is a safe environment to critique behavior, thinking processes and to make mistakes. Cameras and microphones are present in the Clinical Simulation Lab and the scenarios and participants are videotaped and are used for feedback/educational purposes only.

Code of Conduct and Responsibilities While in the Simulation Lab:

- There is absolutely no eating, drinking, or using electronics in the simulation laboratory.
- No pens or markers are allowed.
- Professionalism is always expected.
- You must leave the lab clean and orderly.
- The acknowledgement form for the Clinical Simulation Laboratory Policies must be signed and handed into faculty.
- All students, faculty, and instructors must sign a Confidentiality and Consent to Video Agreement prior to any simulation activity.
- If unsafe, unethical, inappropriate, or unprofessional conduct is witnessed, those involved will be dismissed from the laboratory.
- Do not infringe upon the rights, privacy, privileges, health, or safety of other lab users.
- The mannequins are to be treated with respect as they represent real patients.
- Mannequins are to be handled gently and all equipment is to be treated with great care.
- All personal belongings are to be left in the designated classroom where the class originates.
- All students must be oriented to the Clinical Simulation Lab by the faculty or by appointment with the Simulation Coordinator prior to the scheduled simulation.
- Professional clinical attire, including name pin and stethoscope are required for all simulation activities.
- Facial jewelry must be removed, and hair should be off the collar.
- Students are not allowed in the Clinical Simulation Lab without a trained faculty member, instructor, or Simulation Coordinator present

Confidentiality:

All simulation scenario sessions involving students and/or recordings are considered confidential. All mannequins should be treated as real patients. Discussion of the scenarios or information outside of the simulation session, debriefing, or class time, is prohibited.

Clean-up:

The clinical simulation laboratories should be left clean and orderly. Mannequins should be left in the beds. All equipment must be turned off and placed in the appropriate storage location unless coordinated with the simulation specialist.

Media:
The QCC Clinical Simulation Laboratory can utilize audio and video equipment. There are cameras and microphones set up in each simulation bay with the capability of recording the activity. Students and faculty should conduct themselves in a professional manner since all interactions can be recorded. All recordings are saved on the data drive or in DVD format. Recordings are for educational purposes and debriefing discussions. Students must sign a confidentiality agreement prior to participating in the simulation sessions. This confidentiality agreement protects privacy and discourages inappropriate discussion of the video contents or the student performance in the simulation. Any viewing or publication of such content outside of the QCC classroom, or in public social media, is unacceptable and unethical. This will result in disciplinary action from the Respiratory Care program.

Quinsigamond Community College
Respiratory Care Program
Competency List

Respiratory Care Modalities I (RCP 126): 5 Credits
Respiratory Care Modalities II (RCP 136): 8 credits

By fully participating in the CLINICAL portion of RCP 126 or RCP 136, the student will be able to:

- **Demonstrate competency (overall score of 3 or higher) in the following Respiratory Care procedures *(*clinical reporting software system *competencies*): Instructors may choose competencies based on available clinical opportunities.**
- **For RCP 126 - 5 competencies completed by mid-semester; 15 competencies completed from this list by end-semester for full credit.**
- **For RCP 136 - 5 new competencies completed by mid-semester; 15 new competencies by end-semester for a total of 30 competencies from the list by the end of the semester for full credit.**

Adult Floor Care
Adult Case Study
Aerosol Generators: Large Volume Nebulizer (LVN)
Aerosol Medication Delivery: Continuous Bronchodilator Nebulization (SVN)
Aerosol Medication Delivery: MDI, DPI
Aerosol Medication Delivery: Nebulized Solutions (SVN)
Auscultation
Bedside Pulmonary Mechanics
Blood Pressure (BP)
Breathing Exercises
Bulk Medical Gas Supply
Calculation of Drug Dosages
Chest Physiotherapy
CPAP/BiPAP Initiation (Noninvasive Ventilation)
Directed Cough
Discharge Planning
Extubation
Gas Pressure/Flow Regulation
Hand Hygiene
High-flow/Venturi Devices High-Flow Nasal Cannula (HFNC)
Humidification Therapy
Humidification Therapy with Artificial Airway
In-Exsufflation
Incentive Spirometry
In-line MDI/SVN
Intrapulmonary Percussive Ventilation (IPV)
Low-flow oxygen devices
Medical Record Documentation
Medical Record Review
Mucous clearance adjuncts
Oxygen Analysis
Oxygen Blender
Oxygen Therapy

Oral Endotracheal Intubation
Patient & Caregiver Training
Patient Assessment
Patient Interview & History
Patient Positioning & Safety
Patient Standard Precautions/Transmission-Based Isolation Procedures
Peak-flow
Pharyngeal Airway Insertion
Physical Assessment of the Chest
Positive Expiratory Pressure (PEP) therapy/Vibratory PEP
Pulse Oximetry
Sputum Induction
Sterilization & Disinfection
Transporting with oxygen
Ultrasonic Nebulizer

VAP Prevention

Ventilator Circuit Change
Vitals Signs (Pulse/RR)

Pulmonary Diagnostics

6 min walk test
ABG Analysis
Arterial Blood Gas Interpretation
Arterial Puncture
Arterial Line Sampling
Benchtop ABG Analyzer Maintenance
Bronchoscopy Assisting
Capillary Sampling
Capnography/Capnometry
Pulse Oximetry
Transcutaneous Monitoring (TCM)

Pulmonary Rehabilitation

Artificial Airway Care
Cuff Care
Endotracheal Suctioning
Inspiratory Resistive Muscle Training (IMT)
Intrapulmonary Percussive Ventilation (IPV)
Manual Ventilation
Nasotracheal (NT) Suctioning
Tracheostomy care
Tracheostomy tube change

Home Care

Home Apnea Monitoring
Home Care Evaluation
Home Care Oxygen Administration
Home Care Ventilation
Home CPAP Application
Home Nebulizer Administration
Oxygen Conserving Devices

Adult Critical Care
Adult Patient Ventilator System Care
Adult Ventilator Initiation
Artificial Airway Care
Bronchoscopy Assisting
CPAP/BiPAP Initiation (Noninvasive Ventilation)
CPR
Extubation
LMA/King LT/Combitube
Manual Ventilation During Transport
NIV Ventilator Check
NIV Ventilator Set-up
NIV Ventilator Parameter Change
Oropharyngeal airway insertion
Nasopharyngeal airway insertion
Pharyngeal Airway Insertion
Routine Parameter Changes
Routine Ventilator Check
Securing ETT
Set-up Mechanical Ventilation
Spontaneous Breathing Trial
Transport Ventilator
VAP Prevention
Ventilator Circuit Change
Ventilator Weaning Protocols

Pulmonary Rehabilitation
Cuff Care
Endotracheal Suctioning
Manual Ventilation
Nasotracheal (NT) Suctioning
Oral Endotracheal Intubation (Change title to Intubation)
Tracheostomy care
Tracheostomy tube change

Pulmonary Diagnostics
ABG Analysis
Arterial Blood Gas Interpretation
Arterial Puncture
Arterial Line Sampling
Benchtop ABG Analyzer Maintenance
Capillary Sampling
Capnography/Capnometry
Transcutaneous Monitoring (TCM)
Ventilator Graphics Analysis

Quinsigamond Community College
Respiratory Care Program
Critical Care I Competency List

Critical Care I (RCP 246): 2 Credits

TRAJECSYS COMPETENCIES
By fully participating in the CLINICAL portion of RCP 246 the student will be able to:

- **Demonstrate competency (overall score of 3 or higher) in the following Respiratory Care procedures *(clinical reporting software system competencies*): Instructors may choose competencies based on available clinical opportunities.**
- **5 competencies completed by mid-semester and 15 competencies completed by the end of the course**

Adult Critical Care

Adult Patient Ventilator System Care
Adult Ventilator Initiation
Artificial Airway Care
Bronchoscopy Assisting
CPAP/BiPAP Initiation (Noninvasive Ventilation)
CPR
Extubation
LMA/King LT/Combitube
Manual Ventilation During Transport
NIV Ventilator Check
NIV Ventilator Set-up
NIV Ventilator Parameter Change
Oropharyngeal airway insertion
Nasopharyngeal airway insertion
Pharyngeal Airway Insertion
Routine Parameter Changes
Routine Ventilator Check
Securing ETT
Set-up Mechanical Ventilation
Spontaneous Breathing Trial
Transport Ventilator
VAP Prevention
Ventilator Circuit Change
Ventilator Weaning Protocols

Rehabilitation

Cuff Care
Endotracheal Suctioning
Manual Ventilation
Nasotracheal (NT) Suctioning
Oral Endotracheal Intubation (Change title to Intubation)
Tracheostomy care
Tracheostomy tube change

Diagnostics

ABG Analysis

Arterial Blood Gas Interpretation
Arterial Puncture
Arterial Line Sampling
Benchtop ABG Analyzer Maintenance
Capillary Sampling
Capnography/Capnometry
Transcutaneous Monitoring (TCM)
Ventilator Graphics Analysis

Quinsigamond Community College
Respiratory Care Program
Clinical III and IV Competency List

Critical Care II (RCP 256): 8 Credits
Neonatal and Pediatric Respiratory Care (RCP 266): 8 Credits
(Critical Care: Adult, Pediatric and Neonatal; Pulmonary Rehabilitation; Sleep Lab)
By fully participating in the CLINICAL portion of RCP 221/222 or RCP 256/266, the student will be able to:

- **Demonstrate competency (overall score of 3 or higher) in the following Respiratory Care procedures** ***(***clinical reporting software system c***ompetencies*****): Instructors may choose competencies based on available clinical opportunities.**
- **For RCP 256 - 5 competencies completed by mid-semester; 15 competencies completed from this list by end-semester for full credit.**
- **<u>For RCP 266 - 5 new competencies completed by mid-semester. A total of 30 competencies from the list by the end of the semester for full credit.</u>**

Adult Critical Care
Adult Patient Ventilator System Care
Adult Ventilator Initiation
Artificial Airway Care
Bronchoscopy Assisting
Case Study Presentation
Chest Drainage System Assembly
CPAP/BiPAP Initiation (Noninvasive Ventilation)
CPR
Chest X-Ray Interpretation
Discharge Planning
ECG Interpretation
Electrocardiography
Extubation
Hemodynamic Measurements
LMA/King LT/Combitube
Manual Ventilation During Transport
Nasopharyngeal airway insertion
NIV Parameter Change
NIV Ventilator Check
NIV Ventilator Set-up
Oropharyngeal airway insertion
Routine Parameter Changes
Routine Ventilator Check
Securing ETT
Set-up Mechanical Ventilation
Shunt Studies
Spontaneous Breathing Trial
Transport Ventilator Set-up (Clone for Pediatric/Neonatal)
VAP Prevention
Ventilator Circuit Change
Ventilator Graphics Analysis
Ventilator Weaning Protocols

Pulmonary Diagnostics
6 min walk test
ABG Analysis
Arterial Blood Gas Interpretation
Arterial Puncture
Arterial Line Sampling
Benchtop ABG Analyzer Maintenance
Body Plethysmography
Capillary Sampling
Capnography/Capnometry
CO Diffusion Study
Computerized Tomography Scan (CT)
Echocardiography
Flow-Volume Loop (FVL)
Helium Dilution
Holter Monitoring
Lung Scan (V/Q)
Magnetic Resonance Imaging (MRI)
Maximum Voluntary Ventilation (MVV)
Metabolic Assessment
Methacholine Challenge Testing (MIC)
Nitrogen washout
Spirometry Screening
Spirometry Screening Interpretation
Stress test
Surfactant replacement
Transcutaneous Monitoring (TCM)
Ultrasound (bedside diagnostic ICU)
Ultrasonic Nebulizer
Umbilical artery catheter blood gas

Pulmonary Rehabilitation
Cuff Care
Tracheal Suctioning
Inspiratory Resistive Muscle Training (IMT)
Intrapulmonary Percussive Ventilation (IPV)
Manual Ventilation
Nasotracheal (NT) Suctioning
Oral Endotracheal Intubation (Change title to Intubation)
Pharyngeal Airway Insertion
Tracheostomy care
Tracheostomy tube change
Ventilator Weaning Protocols

Neonatal/Pediatric Care
ABG Analysis
Arterial Blood Gas Interpretation
Arterial Puncture
Aerosol Generators: Large Volume Nebulizer (LVN)
Aerosol Medication Delivery: Continuous Bronchodilator Nebulization (SVN)
Aerosol Medication Delivery: Nebulized Solutions (SVN)

Arterial Line Sampling
Auscultation
Spirometry
Benchtop ABG Analyzer Maintenance
Blood Pressure (BP)
Calculation of Drug Doses
Capillary Sampling
Case Study
Chest Assessment
Chest Physiotherapy
Humidification Therapy
Humidity Therapy with Artificial Airway
Manual Ventilation During Transport
Nasal CPAP Initiation
Nasopharyngeal airway insertion
Neonatal/Pediatric Ventilator Initiation
Neonatal/Pediatric Patient-Ventilator System Care
NIV Parameter Change
NIV Ventilation
NIV Ventilator Check
NIV Ventilator Set-up
Oropharyngeal airway insertion
Oxygen Analysis
Oxygen Blender
Oxygen Hood
Oxygen Tent
Oxygen Therapy (low-flow)
Patient & Caregiver Training
Patient Positioning & Safety
Patient/Ventilator System
Routine Parameter Changes
Routine Ventilator Check
Securing ETT
Set-up Mechanical Ventilation
Shunt Studies
Spontaneous Breathing Trial
Transcutaneous Monitoring (TCM)
Transport Ventilator Set-up

VAP Prevention

Ventilator Circuit Change
Ventilator Weaning Protocols

Miscellaneous

Adult ICU Standards of Care
Pediatric ICU Standards of Care
Neonatal ICU Standards of Care

LAB REMEDIATION

- **If needed, students may be referred to QCC Respiratory Care laboratory for remediation of skills.**
- **The Director of Clinical Education or the Lab Instructor is responsible for the remediation of skills.**
- **The Referral Form is available to serve as method of communication between the clinical instructor, lab personnel, student, and Director of Clinical Education.**
- **Arrangements must be made with the DCE or lab instructor before sending students for remediation.**

CLINICAL WARNINGS:

- Generates a mechanism to create an objective plan to improve/manage unsatisfactory clinical performance/behavior.
- Should not be used to penalize students.
- Allows for collaboration between student and faculty; both should have input.
- Provides means to increase chance for successful completion of the clinical experience by clearly establishing areas needing improvement relative to student performance.
- Clinical faculty are obligated to provide a safe environment for the patient.
- Clinical warnings should be used when problematic behavior is identified by faculty.
- Clinical warnings should be used whenever unsafe/unprofessional behavior is identified.
- Students should clearly understand clinical expectations and the warning should identify how their performance is lacking based on clinical objectives.
- Clinical performance should be evaluated according to the clinical objectives, and competencies… not by how their performance compares to another student's performance.

QUINSIGAMOND COMMUNITY COLLEGE
RESPIRATORY CARE SKILLS LAB
REFERRAL FOR REMEDIATION

Student Name:

_____

The purpose of this document is to inform you that your clinical performance is not at the expected competency level. You have been unable to satisfactorily perform Respiratory skill(s) previously demonstrated. (NOTE: Please use additional sheets if necessary)

RESPIRATORY CARE SKILL(S)	Requires Instruction	Requires Re-Testing

Directions Provided to Student:

You must contact the Respiratory Care Director of Clinical Education (DCE) or the Lab Instructor to arrange an appointment. The DCE can be reached at (508) 791-7987 or via email (ahogan@qcc.mass.edu). Remediation must be completed within 7 days of this notice.
Bring this form with you and present it to the DCE on the date of your scheduled appointment.
If you do not complete remediation within the above time frame, you will not be permitted to return to clinical, which may result in clinical failure. Upon completion of successful remediation, present the signed copy of the Remediation Summary to your clinical instructor upon return to the clinical area. The original of this document is filed in your record.
Your signature below indicates that you have been notified of the above unsatisfactory performance, have read, and understand your responsibilities as outlined in this document.

_____

Student Signature **Date**

_____

Faculty Signature **Date**

REMEDIATION SUMMARY

Student Name: _____

Appointment Date/Time: _____

Respiratory Care Skill(s)	Remediation Summary

- **Student has attained expected level of performance.**
- **Student has not attained expected level of performance / Program Director notified.**

Plan of Action:

_____

_____

_____

_____

Student Directions:

- **Present a signed copy of this form to your Clinical Instructor upon return to the clinical area.**
- **Other:**

_____

_____

_____

Student Signature **Date**

_____

Director of Clinical Education / Lab Instructor **Date**

PERSONAL CHARACTERISTICS OF EXCELLENT RESPIRATORY CARE STUDENT

Attitude and Cooperation:
The student shall maintain a professional working rapport with other students, staff therapists, physicians, and all others encountered in the clinical education and classroom setting. The student will also demonstrate maturity and good temperament under stressful situations.

Attention and Effort:
The student will be aware of surrounding activities and will maintain a high level of interest by staying busy with appropriate tasks. The student will demonstrate his/her motivation to learn by being focused on learning new procedures, striving to improve skills beyond basic competency and developing desirable professional standards.

Initiative and Energy:
The student will show interest in their professional education by:

- Asking questions
- Self- reflection
- Observing others in their work
- Showing initiative by trying new therapeutic modalities while improving present skills

Communication Skills:
The student will demonstrate knowledge and skills relating to verbal, non-verbal, and written medical communication regarding patient care, intervention, and professional relationships. The student should be able to effectively communicate with individuals and groups. The ability to communicate verbally and in written form in a safe and effective manner, is basic to the provision of Respiratory Care services.

Attitude Towards Criticism:
The student shall accept constructive criticism of their work and behavior from the Program Coordinators, staff Respiratory Therapists, and physicians and use such to improve their performance. The student will view each experience as an opportunity to learn.

Adaptability:
The student shall be able to adapt to new situations without complaint or disruption of work.

Perceived Image:
The student will demonstrate maturity, good temperament, and confidence in all situations. THey will perform duties within their scope of practice and level of education.

APPENDIX

Course Descriptions (RCP-prefixed only)

Clinical Education Settings

Statement of Confidentiality (QCC)

Essential Violations Report

Grading Policy

QCC Drug Screening Procedure

Clinical Affiliate Random Drug Screening Permission Form

Release of Information

Student Agreement & Statement of Understanding Regarding Clinical Theory Process

Healthcare Clinical/Lab Make-Up Form

Latex Allergy Policy

Waiver of Liability (Hepatitis B)

Permission to Release Medical Information

CORI Disclosure

SORI Disclosure

Denial of Admission to Healthcare Programs

Physical Examination Form

Certification of HIPAA Privacy Training-EXHIBIT C (St. Vincent Hospital)

TB Skin Testing Policy

Request for Expedited Admission (Readmission)

COURSE DESCRIPTIONS

RCP 125 – ESSENTIALS FOR RESPIRATORY CARE **3 CREDITS**

This course provides students with an introduction to the respiratory care profession. The course will explore the historical perspectives of the profession; professional and regulatory agencies; legal matters; professionalism; credentialing and continuing education; research techniques; and evaluation of evidence-based care. Students will also learn about the physical principals associated with respiratory care and an introduction to pharmacology and patient disease states. A student-directed medical terminology course is also included.
Prerequisites: BIO 111, ENG 101
Fall

RCP 126 - RESPIRATORY CARE MODALITIES I **5 CREDITS**

This course introduces theoretical concepts and implementation, monitoring, and evaluation strategies for select therapeutic modalities employed in Respiratory Care. Topics patient evaluation and assessment; professional communication; infection control; medical record evaluation and documentation; non-invasive monitoring; medical gas regulation, delivery, and therapeutics; gas therapy and analysis; humidity and aerosol therapy; aerosolized medication therapy, pulmonary mechanics; and an introduction to lung expansion therapies. Emphasis is placed on the practical application of skills, problem solving and critical thinking. The lab component, provides application of relevant theory, assembling, disassembling, and troubleshooting equipment, and practice client care skills in a clinical simulation environment to prepare the student for clinical rotations in the Medical/Surgical, Respiratory, General Floor and ER.
Prerequisite: BIO 111, ENG 101
Fall

RCP 127 – CARDIOPULMONARY PHYSIOLOGY **3 CREDITS**

Students will pursue an in-depth study of cardiac and pulmonary anatomy and physiology as well as diagnostic procedures commonly used in the hospital to evaluate these systems. Topics include function of the respiratory system, ventilatory mechanics, gas transport in the blood, natural and chemical regulation of breathing, circulation, blood flow and pressure and cardiac output and acid bases disturbances. The heart-lung relationship and clinical applications of the phenomena in the pulmonary system will be emphasized.
Prerequisite: BIO 111, ENG 101
Fall

RCP 135 - ESSENTIALS FOR RESPIRATORY CARE **3 CREDITS**

This course provides students with the etiology, manifestations, and treatment of respiratory failure including principles, techniques and equipment associated with advanced cardiopulmonary monitoring. The study includes but not limited to ventilatory mechanics, gas transport, natural and chemical regulation of breathing, circulation, blood flow and pressure, cardiac output, and the monitoring of each of these topics.
Prerequisite: BIO 112, RCP 125, RCP 126, RCP 127
Spring

RCP 136 - RESPIRATORY CARE MODALITIES II **8 CREDITS**

This course introduces theoretical concepts and implementation, monitoring, and evaluation strategies for select therapeutic modalities employed in Respiratory Care. Topics include blood gas sampling, analysis, and interpretation; bronchopulmonary hygiene techniques, including positioning and manual techniques, mobilization, and exercise; breathing, coughing, and suctioning techniques; positive pressure therapies; lung expansion therapies; and non-invasive

ventilation. The concept of mechanical ventilation is introduced and explored. Emphasis is placed on the practical application of skills, problem solving and critical thinking. The lab component provides application of relevant theory, assembling, disassembling, and troubleshooting equipment, and practicing client care skills in a clinical simulation environment to prepare them for clinical supervised rotations in the Medical/ Surgical, Respiratory, General floor, ER, Homecare, and ICU environments.
Prerequisites: BIO 112, RCP 125, RCP 126, RCP 127
Spring

RCP 137 – PHARMACOLOGY **2 CREDITS**
This course introduces the physiologic and pharmacologic basis of pulmonary and cardiac medications. Students will learn the preparation as well as the calculation of dosages and mixtures. General principles of pharmacology for bronchoactive, mucus controlling drugs, surfactant and aerosolized anti-infective agents and the drugs related to the cardiopulmonary system such as neuromuscular blocking agents, central nervous system depressants, cardiovascular agents, diuretics, and antimicrobial agents will be included.
Prerequisite: BIO 112, RCP 125, RCP 126, RCP 127
Spring

RCP 246 – CRITICAL CARE I **2 CREDITS**
The course provides a laboratory/clinical environment in which students will learn the theoretical foundations and practical skills necessary to provide Respiratory Care to an adult client in a critical care setting. Topics to be covered include: the initiation, maintenance, and discontinuation of mechanical ventilatory support; airway care; and monitoring. Additional topics may be added as time permits. Part of the course will involve clinical time in the Intensive Care Unit (ICU).
Prerequisites: RCP 135, RCP 136, RCP 137
Summer

RCP 255 – ADVANCED PATIENT ASSESSMENT **3 CREDITS**
This course is designed to familiarize students with the following areas of medical assessment: physical examination (both chest and general); laboratory (including arterial blood gases); electrolytes; chemistry; hematology; chest radiography; ultrasound, preoperative; neurological and cardiovascular assessment to help develop a respiratory care plan.
Prerequisite: BIO 232, ENG 102, RCP 246
Fall

RCP 256 – CRITICAL CARE II **8 CREDITS**
This course builds on the structural framework of the material covered in RCP 246. It examines a variety of topics relevant to critical, adult Respiratory Care practice. Topics include a review of techniques/protocols used in the initiation, monitoring, titration, and liberation from conventional and high-frequency mechanical ventilation using physical and physiological clinical data. Calculations and formulas relevant to ventilator management and credentialing examinations will be introduced. The effects of positive pressure ventilation on cardiopulmonary and other organ systems will be covered. This course also emphasizes the correction of patient-ventilator asynchrony and the interpretation of ventilator waveforms. Additional topics include chest tubes and pleural drainage systems, and a variety of advanced and emerging oxygenation and ventilation strategies for the critical care patient. The American Heart Association Advanced Cardiac Life Support certification (ACLS) is attained. Clinical rotations will be an advanced, supervised clinical experience in intensive medical, surgical, pediatric, and neonatal intensive care units. Students develop practical skills in all aspects of ventilatory management, monitoring, arterial blood gases, and all other therapeutic modalities provided in intensive care

Prerequisite: BIO 232, ENG 102, RCP 246
Fall

RCP 257 – CARDIOPULMONARY DIAGNOSTICS **3 CREDITS**

This course covers pulmonary function testing, invasive and non-invasive diagnostic procedures, and techniques utilized to assess patients with pulmonary or cardiovascular diseases and sleep disorders. Topics include therapeutic and diagnostic bronchoscopy procedures; spirometry; bronchoprovocation testing; diffusion studies; lung volumes, airway resistance and gas distribution studies; ventilation and ventilatory control tests; blood gases and related tests; cardiopulmonary exercise testing including metabolic assessments; and sleep disordered breathing. Quality control will also be discussed.
Prerequisite: BIO 232, ENG 102, RCP 246
Fall

RCP 265 – PULMONARY DISEASE **3 CREDITS**

This course explores the etiology, clinical presentation, pathologic features, diagnostics, and treatment of diseases and conditions of the adult patient commonly encountered in Respiratory Care practice. The patient interview, physical examination, diagnostics, and pathophysiologic basis for common clinical manifestations of respiratory related diseases and conditions will be reviewed. A systematic approach to the evaluation and management of the diseases and conditions is presented in this course. Emphasis is placed on the development of evidence-based protocolized respiratory care and patient education.
Prerequisite: RCP 255, RCP 256, RCP 257
Spring

RCP 266 – NEONATAL AND PEDIATRIC RESPIRATORY CARE **8 CREDITS**

This course covers the normal and pathophysiological events that affect the cardiopulmonary status of the fetus, infant, and child. Students study fetal development, the nature and physiology of neonatal and pediatric pathology, and the application of this information in the clinical setting. Neonatal resuscitation and advanced pediatric life support certifications are attained. Clinical rotations will allow students to acquire practical skills in critical care, pulmonary rehabilitation, neonatal, pediatrics, and other specialty areas. Students correlate theoretical principles to practical applications.
Prerequisite: RCP 255, RCP 256, RCP 257
Spring

RCP 267 – RESPIRATORY CARE SEMINAR **2 CREDITS**

This course is intended to strengthen student skills and knowledge in the processes of Respiratory Care and to build proficiency, professionalism, and community spirit. It is specifically designed to prepare the Respiratory Care student to take the N.B.R.C. credentialing examinations. Preparation for the clinical simulation component of the registry examination is provided through academic software. Students will complete a Senior Project meant to encourage student involvement in the Respiratory Care profession while promoting the importance of community service.
Prerequisite: RCP 255, RCP 256, RCP 257
Spring

QUINSIGAMOND COMMUNITY COLLEGE

RESPIRATORY CARE PROGRAM

CLINICAL EDUCATION SETTINGS

St. Vincent Hospital
123 Summer Street
Worcester, MA 01604
(508) 363-5000

UMass Memorial Medical Center
Memorial Campus
119 Belmont Street
Worcester, MA 01605
(508) 334-1000

UMass Memorial Medical Center
University Campus
55 North Lake Avenue
Worcester, MA 01655
(774) 442-5147

VIBRA Healthcare
111 Huntoon Memorial Highway
Rochdale MA 01542
(508) 892-6000

Bioscrip Infusion Services
337 Turnpike Road
Southborough, MA 01772
1-800-966-2487

Heywood Hospital
242 Green St
Gardner, MA 01440
(978) 632-3420

Milford Regional Medical Center
14 Prospect St
Milford, MA 01757
(508) 473-1190

Massachusetts General Hospital
55 Fruit Street
Boston, MA 02114
(617) 726-2000

STATEMENT OF CONFIDENTIALITY

I, _____, agree that, except as required by subpoena or other legal process, I will not divulge any client information which comes to me through carrying out my responsibilities as a student in the Respiratory Care Program at Quinsigamond Community College.

This includes:

1. Discussing any client or any information pertaining to any client or his/her family with anyone (Including my own family or friends), who is not DIRECTLY involved in providing care to the client other than in a Respiratory Care class or clinical setting.

2. Discussing any client or any information pertaining to any client or his/her family, in any location where it can be overheard by anyone not directly involved in providing care to the client.

I, _____, will not contact any individual or agency outside of this institution to get or give information about a client unless I have been duly authorized, in writing, by the Program Coordinators to do so.

_____

Signature **Date**

_____

Witness Signature **Date**

If under 18 years of age:

_____

Parent/Guardian Signature

ESSENTIAL VIOLATIONS
(Clinical Courses)

All Clinical Courses

Rotation:

Student Name:

Instructor:

The following are considered Essential Violations of minimally acceptable standards of student conduct/ performance while in the clinical setting. Omission/commission (as appropriate) of the items cited will result in immediate revocation of clinical privileges pending initiation of the disciplinary process.

1. General Demeanor
Student is inappropriate, rude, domineering, or condescending; requires constant reminder to display tact, courtesy, or to conduct him/herself in a professional manner; is insubordinate or disruptive, as outlined in Clinical Policies, Section 9.0.

Cite Specific Incident(s):

Date:
Observer:

2. Thoroughness and Safety
Student is overtly careless; work is of consistently poor quality; makes critical errors of potential danger to patient's wellbeing and is unsafe or hazardous.

Cite Specific Incident(s):

Date:
Observer:

3. Observation, Assessment, Reporting of Patient's Status/Needs:
Student displays negligence in patient observation and assessment; fails to inform appropriate personnel of patient status/needs.
Cite Specific Incident(s):

Date:
Observer:

4. Care and Use of Equipment and/or Supplies:
Student is negligent and/or careless in the use and care of equipment and/or supplies.
Cite Specific Incident(s):

Date:
Observer:

5. Integrity:
Student is negligent or abusive of patient's dignity and/or consistently fails to maintain confidentiality of privileged communications; fails to recognize limitations to practice/ responsibility granted by physician, falsification of skills checklists, patient records, etc.
Cite Specific incident(s):

Date:
Observer:

6. Collaboration:
Resents supervision; rejects guidance; is defensive or abusive when approached with recommendation: fails to alter behavior when appropriateness criticized.
Cite Specific Incident(s)

Date:
Observer:

7. Quantity of Performance:
Student is slow, habitually inefficient, and is consistently unable to provide an acceptable level of patient care within an appropriate time interval.
Cite Specific Incident(s):

Date:
Observer:

8. Patient Rapport and Consideration:
Student is incognizant of patient needs, rights, or necessary comforts; fails to adequately communicate with patients; is rude, inappropriate, or unprofessional in his/her dealings with patients.
Cite Specific Incident(s):

Date:
Observer:

9. Comprehension and Judgment:
Student is unable to follow even simple directions; cannot be depended upon to make sound judgments.
Cite Specific Incident(s):

Date:
Observer:

10. Attendance and Punctuality:
Student disregards attendance and punctuality requirements; neglects to give notification of absence or tardiness; rejects efforts to reschedule lost time.
Cite Specific Incident(s):

Date:
Observer:

GRADING POLICY

DETERMINATION OF THE EVALUATION SECTION OF THE CLINICAL GRADE IS BASED ON THE FOLLOWING QUALITY POINTS:

QUALITY POINTS	ACADEMIC GRADE	
4.0	A	95-100 (Outstanding)
3.7	A-	90-94
3.3	B+	87-89
3.0	B	83-86
2.7	B-	80-82 (High Quality Work)
2.3	C+	77-79
2.0	C	73-76 Minimum required
1.7	C-	70-72
1.3	D+	67-69
1.0	D	63-66
.7	D-	60-62

Drug Screening Procedure

Students enrolled in the QCC Respiratory Care Program are required to submit to a urine drug screening prior to starting their clinical rotations. Affected students will be notified by letter which will state lab name, location, cost and dates of when testing is to be done. The cost of the test will be added to the student's course and fee statement.

Students will report to the designated lab between the dates specified in the letter and submit a specimen for testing. The QCC Health Compliance Officer will receive all test results. All non-negative results will be reviewed by a Medical Review Officer (MRO), who will then report the final drug screening result to the Health Compliance Officer and the Dean of Students. A Medical Review Officer is an independent Physician who is responsible for receiving laboratory results generated by a drug testing program. They will evaluate medical explanations for non-negative drug test results.

The Dean of Students will notify the student of the positive test results and follow the CORI/SORI/Drug Testing process. Students, who have a final result of positive after MRO review, will have the opportunity to meet with college officials and discuss the results. Students, who either have positive results or refuse to submit to a drug screening analysis, will be deemed ineligible for clinical placement which will affect their status in the program. Students who are ineligible for clinical placement are not eligible to continue in any QCC Health Program.

Students must remain drug-free throughout the tenure of their program at the College. Failure to do so shall be grounds for dismissal from the program. Refer to the QCC Student Handbook for information on the readmission policy.

The Health Compliance Officer(s) will provide a copy of drug testing results upon student request.

Georgina Borte
Quinsigamond Community College
Clerk IV School of Healthcare
25 Federal Street, Office 218D
Worcester, MA 01608
(508) 751-7932
gborte@qcc.mass.edu

Rick Banks
Quinsigamond Community College
Health Compliance Officer/Health Program Assistant
25 Federal St., RM 116D2
Worcester, MA 01608
(508) 751-7953
rbanks@qcc.mass.edu

CLINICAL AFFILIATE RANDOM DRUG SCREENING ANALYSIS

Please be advised that students enrolled in the QCC Respiratory Care Program will be required to undergo and pass a drug screening analysis in order to be eligible for and/or remain at an assigned clinical affiliate of their program. Students who either fail to pass or refuse to submit to a drug screening analysis will be deemed ineligible for clinical placement, which may affect their status in the program.

By my signature, I acknowledge that I have been provided with notification that clinical facilities may require me to undergo and pass a drug screening analysis. I am aware if I do not pass, or if I refuse to submit to a drug screening analysis, I will be ineligible to participate in the clinical education component of my program.

_____

Student Name (printed

_____

Student Signature **Date**

Please send health form to:
healthcompliance@qcc.mass.edu
Rick Banks
25 Federal Street
Worcester, Ma 01608
Fax: (508) 751-7991

RELEASE OF INFORMATION

I hereby: give or refuse (CIRCLE ONE) permission to the Respiratory Care Program to release my name and address to hospitals and other health care facilities for the purposes of recruitment.

This means that I will be contacted only for employment possibilities. I am in no way obligated to the contracting agency.

In the event that I withdraw from the Program, I understand that my name will no longer be made available.

Name (Print): _____

Signature: _____

Date: _____

STUDENT AGREEMENT AND STATEMENT OF UNDERSTANDING REGARDING CLINICAL AND THEORY PRACTICE

I have read the Respiratory Care Handbook and associated materials, and I understand all the policies and procedures as outlined in the Handbook. I also understand the potential consequences of failure to abide by the rules and regulations of the Respiratory Care Program and Quinsigamond Community College.

Additionally, I understand that I must achieve a grade of C (73%) or higher in all Respiratory Care Program courses (including all RCP clinical/laboratory courses) as well as in core science courses (BIO 111, BIO 112, BIO 232) in order to remain enrolled in the Program.

If I find that for any reason, I cannot comply with the policies set forth in the Respiratory Care Student Handbook, I will notify the Respiratory Care Program Coordinator(s) and withdraw from the Program.

My act of registering for classes in the Respiratory Care Program implies that I will abide by the policies as stated in the Student Handbook.

Additionally, I give permission for my files to be observed and perused by members of a site team for purposes of accreditation.

Signed: _____

Print Name: _____

QCC RT Representative: _____

Date: _____

Student Latex Release Form for Students with Identified Latex Allergy

I _____, disclose to Quinsigamond Community College Division of Health Care and _____Program that I have a sensitivity/allergy to latex.

I understand that, due to my participation in a Health Program, I may be exposed to latex, which may result in a worsening of my pre-existing latex sensitivity. I understand that continued exposure may cause my condition to worsen and potentially lead to life threatening symptoms. I accept these risks knowingly and voluntarily and will take all reasonable precautions to prevent such exposure.

Further, I understand that:

- It is my responsibility to be aware of potential exposure to latex in my learning environment and to avoid or minimize such exposure.
- It is my responsibility to notify each of my course instructors/clinical faculty or preceptors of my latex sensitivity/allergy in every situation where potential exposure may be present.
- It is my responsibility to follow up with my health care provider/allergist for services related to my latex allergy and follow their recommendations.
- It is my responsibility to assume any costs related to latex allergy screening and treatment.
- It is my responsibility to have on my person emergency medication (Epi-Pen or other) as prescribed by my physician in the event of an allergic/anaphylactic reaction.
- College and clinical labs are not a latex free environment and therefore the risk of exposure to latex cannot be eliminated; and
- Quinsigamond Community College cannot guarantee a latex free environment during College lab activities or clinical rotations.

By my signature, I release and discharge Quinsigamond Community College, its officers and employees from all responsibility and liability related to personal injury suffered by me because of exposure to latex in the College's lab or during a clinical rotation.

_____ _____
Student Signature Date

_____ _____
Parent Signature if Student is under 18 years old Witness

Revised: 5/19

Denial of Admission of Healthcare Programs

Students who have been dismissed or withdrawn from a program within the School of Healthcare at Quinsigamond Community College for reasons of "clinically unsafe practice/behavior" or who violate the College's Student Code of Conduct or Policy on Affirmative Action are not eligible for admission/readmission to any Healthcare program.

I have read and reviewed this statement.

_____

Student Signature

_____

Student ID#

_____

Date

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS

Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ is
(Organization)
registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to _____ to submit a CORI check for my
(Organization)
information to the DCJIS. This authorization _____
(Organization)
is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The _____ may
(Organization)
conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that
_____, must first
(Organization)
provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

_____ _____
Signature of CORI Subject *Date*

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
WWW.MASS.GOV/CJIS

SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____

* Middle Initial: _____

* Last Name: _____

* Suffix (Jr., Sr., etc.): _____

1: _____
Former Last Name

2: _____
Former Last Name

3: _____
Former Last Name

4: _____
Former Last Name

*Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

*Last **SIX** digits of Social Security Number: ___ ___ -- ___ ___ ___ ___ ☐ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____

Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name:
_____

Mother's Full Name:
_____

Current Address

Street Address:

_____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

_____

_____

_____

Verified by:

_____

Print Name of Verifying Employee

_____ _____

Signature of Verifying Employee *Date*